

AN  
ACCOUNT  
OF SOME  
DISEASES OF THE TOES AND FINGERS,  
WITH  
OBSERVATIONS ON THEIR TREATMENT.

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BY  
JAMES WARDROP, Esq. F. R.S. EDIN.

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FROM THE FIFTH VOLUME OF THE MEDICO-CHIRURGICAL  
TRANSACTIONS. PUBLISHED BY THE MEDICAL AND  
CHIRURGICAL SOCIETY OF LONDON.

LONDON:

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PRINTED BY W. BULMER AND CO. CLEVELAND-ROW,  
ST. JAMES'S.

1814.

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AN  
ACCOUNT  
OF SOME  
DISEASES OF THE TOES AND FINGERS.

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§ I. *Inflammation of the Soft Parts surrounding the Nail of the Toes.*

THERE are many diseases on which medical men seem to have bestowed little consideration from the unimportance of the parts affected, as far as regards the life of the patient, but which nevertheless sufficiently disturb the comforts and enjoyments of those who are afflicted with them, to merit investigation.

There are no diseases to which this remark may be more justly applied than to those of the toes; and the subsequent observations have been made in order to give an account of some of those which have not hitherto been noticed, and of recommending a treatment in others which may be found more successful than the means which have usually been employed.

The first of these diseases which is here to be considered, is where inflammation and suppuration take place in the soft parts contiguous to the nail, generally denominated, "*the growth of the nail into the flesh.*"

This affection is chiefly confined to the great toe. It frequently happens, when the foot is kept in a tight shoe, that the soft parts contiguous to the edge of the nail thicken, are pressed over it, and become more or less inflamed and painful. If the inflammation and thickening of the soft parts increase, the edge of the nail becomes at last completely imbedded in them, and its sharp edge, from the pressure of the body when resting on the foot, increases the inflammation, and ultimately produces suppuration. Thus the hard and sharp nail by pressing on the surface which has become ulcerated, causes great pain and lameness, and in many cases prevents the person from walking. The ulceration generally extends round a considerable part of the nail, and a fungus arises from the surface of the ulcer accompanied by excessive irritability.

All those authors who have taken notice of this affection have considered a peculiarity in the growth or in the formation of the nail as the cause of the disease in the soft parts. The different modes of treatment therefore which have been proposed, are directed to remedy this supposed deformity of the nail. Some direct, that the edge of the nail which is pressed in upon the tender soft parts should be raised, by placing underneath it a piece of tin-plate,

and thinning the middle part by scraping it with a piece of glass ; thus allowing the nail and its edge to be turned upwards from the soft parts, and assume a new form. Others advise the edge of the nail to be completely cut away, so that it shall be out of the reach of the soft parts.

An accurate examination, and above all, observing attentively the progress of the disease, from its commencement, will be sufficient to prove that the nail undergoes no alteration in its shape, and that it has no further share in the production of this troublesome complaint than affording a mechanical resistance to the tender flesh, and becoming from its proximity to it a constant source of irritation. I was led chiefly to make this remark from observing on the great toe of a gentleman, whose nail was perfectly well formed, a considerable tumefaction and tenderness of the soft parts on the edge of the nail ; to relieve which he was in the habit of cutting the nail very short, and removing that portion of its edge which had penetrated into the soft parts. From this operation, a temporary relief had always been obtained ; but when the nail began to grow again, all the former uneasiness and inconvenience returned. It being probable that in this case the tenderness and swelling of the soft parts arose from, and were kept up by the pressure which those parts constantly made on the fresh-cut edge of the nail, it occurred to me that if the nail was allowed to grow of its natural size and shape, and some means taken to reduce the swelling of the soft

parts, permanent relief might be obtained. Accordingly the nail was allowed to grow, and the swollen soft parts were touched with the lunar caustic. The beneficial effects of this treatment were soon manifest. The caustic had the effect of producing an absorption of the thickened soft parts, the nail soon recovered its natural shape and smooth edge, and the patient has never since had any uneasiness, except when from inattention he has accidentally cut the nail too short.

Soon after I had seen this case, an example of the disease in a much more advanced stage came under my observation. In this instance, the soft parts on the edge of one side of the toe-nail, which was of its natural shape, were greatly swollen, suppuration had taken place where the nail was imbedded in them, and a painful fungus had arisen; so that the person was unable to rest the weight of the body on the affected foot. After one application of the caustic the irritable state of the ulcer was removed. In two days the fungus and swelling of the soft parts were greatly diminished; and by a second application of the caustic these completely subsided. The nail was left untouched, and in a few days the patient was enabled to walk about, and he afterwards continued perfectly well.

In a third case the good effects of this mode of treatment were strikingly illustrated. A gentleman for several years suffered great distress from inflammation and swelling of the soft parts at the edge of the nail of the great-toe, and had during



that time on many occasions been unable to walk. He had frequently cut away all that portion of the nail which was embedded in the diseased soft parts, and which appeared to him to be the cause of his complaint; and though from this treatment he experienced temporary relief, yet as soon as the nail began to grow again, all the former symptoms recurred. A few days after the nail had been in this manner cut away, he applied to me, and I rubbed the tender and swollen parts over with lunar caustic. This was followed by an immediate abatement of the pain and swelling; and by afterwards allowing the nail to grow, he has never since experienced the least uneasiness.

But perhaps the most remarkable instance of the beneficial effects of this mode of treatment, was in that of a woman, who for ten years had been extremely lame in both feet from this disease, and who during that period had submitted to several painful operations to remedy the supposed disease of the nail, without any permanent relief. The nails in this case were very thick and circular, so that they were deeply imbedded in the soft parts. The swelling and tenderness of these were subdued by frequent applications of the caustic; and in addition to this treatment I removed a portion in the form of an inverted  $\Lambda$  from the middle of the nail, a practice common amongst soldiers, and which might perhaps in some degree serve to allow the external angles of the nail to yield and be raised from the swollen soft parts. By this treatment he completely recovered.

Besides these cases, I have had several other opportunities of trying this practice, and it has been invariably followed by similar success.

From what has been said, it may therefore be observed, that the chief point to be attended to in the treatment of this disease is, not to cut away any of the nail, but to reduce the swelling of the soft parts. I have generally found that one or more applications of the lunar caustic have had the effect of entirely removing this swelling. The caustic destroys the painful and irritable ulcerated surface, whilst at the same time it promotes absorption of the thickened parts. In some cases it has been thought necessary first to alleviate the accompanying inflammatory symptoms by the application of poultices, and in others, the alumen ustum has been found to answer better than the caustic ; but in all the cases, these means succeeded in curing the disease.

It may here be remarked, that in order to prevent either the recurrence or the formation of this disease, care should be taken not to cut the nails too short or remove the corners of the nails, particularly that of the great-toe ; for when this is done, the shoe presses the soft parts against the sharp edge of the nail, and thus produces pain, inflammation, and swelling.







*Pygæia . Holigæ .*

§ II. *Of Ulceration at the Root of the Nails,*

OR

*Onychia Maligna.*

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THIS disease appears to be a peculiar inflammation of the soft parts at the root of the nail, and probably those connected with the formation of that organ. It may properly be considered as a species of *Onychia* or *Panaris*, and I have therefore denominated it the *Onychia Maligna*, from its very malignant character.

The commencement of this disease is marked by a considerable degree of swelling of a deep red colour of the soft parts at the root of the nail. An oozing of a thin ichor afterwards takes place at the cleft formed between the root of the nail and soft parts, and at last the soft parts begin to ulcerate. The ulcer appears on the circular edge of the soft parts at the root of the nail. It is accompanied with a good deal of swelling, and the skin, particularly that adjacent to the ulcer, has a deep purple colour.

The appearance of the ulcer is very unhealthy, the edges being thin and acute, and its surface covered with a dull yellow or brown coloured

lymph, and attended with an ichorous and very fetid discharge. The growth of the nail is interrupted; it loses its natural colour, and at some places appears to have but little connection with the soft parts.\*

In this state I have seen the disease continue for several years, so that the toe or finger became a deformed, bulbous, mass. The pain is sometimes very acute, but the disease is more commonly indolent, and accompanied with little uneasiness. This complaint affects both the toes and the fingers. I have only observed it on the great toe, and more frequently on the thumb than any of the fingers. It occurs, too, chiefly in young people, but I have also seen adults affected with it.

The treatment of this disease has generally been considered as difficult and uncertain. In many cases all local applications have been so inefficacious that the amputation of the member has been had recourse to. The only local treatment which I have ever seen relieve this complaint, has been the evulsion of the nail, and afterwards the occasional application of escharotics to the ulcerated surface. But even this painful operation does not always succeed, and will seldom be submitted to by the patient; he must therefore either continue lame, or submit to the removal of the member. Some surgeons have cut out the soft parts at the root of the nail, an operation equally severe.

A successful mode of treating this disease by

\* See the Plate.

avoiding any of those painful resources becomes therefore an object of importance, and as I have had an opportunity of observing very beneficial effects from the internal exhibition of mercury in several cases, it may be proper here to mention them.

In two cases the great toe was affected, in other two instances the disease appeared in the fingers. In all of them it had continued a considerable time, and in one of those where the finger was affected, there was often a profuse hemorrhage from the ulcer. Mercury was given in small doses at first, and gradually increased, so as in twelve or fourteen days sensibly to affect the gums. The sores in general soon assumed a healing appearance after the system was in this state, and the bulbous swelling of the joint gradually subsided. The ulcers were dressed with wax-ointment, so that the effects of the mercury might be watched, and after the sore began to heal, a weak solution of the muriate of mercury and escharotics were occasionally used to clean the wound or keep down any fungus. The mercury was continued till the ulcers were perfectly healed, and, as is generally advisable under such circumstances, it was taken in smaller quantities for some time after the patients were apparently cured.

How far this treatment may be found successful in all cases of this disease, can only be determined after considerable experience. I am persuaded, however, that there are cases wherein it will be found an efficacious remedy.

### § III. *Of Corns.*

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THE great relief which *Corn-cutters* give, by simply removing the thickened and hardened cuticle, must have prevented medical men from making any inquiries into the nature or particular treatment of corns; and whilst it escaped the notice of the latter, it could not have been a desideratum of the former, that any mode of treatment should be found out which might make their operations less useful, or more seldom necessary.

If a corn be examined, it will be found to consist of an increase in the thickness of the cuticle of the affected part, which, by acquiring firmness and hardness, presses on the tender skin underneath, thus exciting pain and inflammation. The portion of diseased cuticle is thickest at the central part of the corn, and forms a conical point, which makes a corresponding concavity in the corion underneath. The inflammation sometimes terminates in supuration, and the distress which is thus produced, exceeds what might be supposed to arise from a disease which is at its commencement so trifling.

When all the hard parts are removed, and some slight defence given to the newly exposed and tender parts by the application of adhesive plaster,



great relief is obtained ; but it is only temporary. A new growth of hard cuticle quickly succeeds, which renders it soon necessary to recur to the same means ; and these must afterwards be employed more or less frequently during life.

From the great analogy of corns to the common *wart*, a disease so successfully removed by the application of escharotics, it seemed by no means improbable that a similar practice might be efficacious in the cure of corns. Accordingly I embraced the first opportunity of putting it to the test of experience.

After removing the external layers of a corn, I rubbed the surface previously moistened, with lunar caustic. In a few days the contiguous parts lost all their tenderness, of which there had been a considerable degree, and the hardness was diminished. By a second application of the caustic the hardness disappeared, and a corn, which before required to be cut every few weeks, was by two or three subsequent applications kept from growing and exciting any uneasiness for several years.

Soon after this case occurred, the efficacy of the practice was strikingly exemplified by the application of the muriate of mercury to a corn. A patient who had several warts on the prepuce, to remove which he had tried various applications, at last came under my care, and I used, with success, the application of a saturated solution of the muriate of mercury in spirit of wine. Being at the same time much troubled with corns, and struck with the

similarity of the two diseases, he thought he might try if the solution, which was so useful in removing the warts, would be as effectual in curing the corns. He made the experiment, and met with the success he had anticipated.

From the frequency of the disease I have had many opportunities of recommending this practice, and I believe it has been universally followed with results equally successful. It is a remedy which, under no circumstances can do harm, and those who have this troublesome complaint can easily receive such instructions as on all occasions to apply it themselves. I have generally directed them to cut off with a sharp knife, or to tear out as much of the corn as they could do with safety ; to keep the toe immersed for some time in warm water ; and after drying the skin contiguous to the disease, to rub over carefully the surface of the corn with the caustic, or wet it with the solution of muriate of mercury, by means of a camel's hair pencil. Either of these applications two or three times repeated after each of the eschars have separated, will in most instances be found sufficient to remove the corn ; and when at any future period it has a tendency to grow again, the application of the caustic may be safely renewed.

#### § IV. *Of the Treatment of Chilblain.*

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THERE are many people in this country who suffer a great deal from chilblain, though it seldom occurs in the aggravated form which it so often assumes in more northern climates. It generally appears as an inflammation of a portion of the skin of some part of the extremities, and most frequently affects the heel and toes or outer edge of the foot. The redness is of a leaden hue, accompanied with swelling and an intolerable itchiness.

Though stimulants are usually employed and are found useful in the treatment of this stage of *pernio*, yet, as I have had opportunities of observing such remarkable benefit from the application of diluted tincture of cantharides, it may be worth while to mention in this place the effects, and the mode of using this medicine.


One part of the common tincture of cantharides to six parts of the soap-liniment, is the form which I have generally found to answer, and it has seldom been necessary to vary the proportion of the medicine. The affected part of the skin is to be well rubbed once or twice a day with this embrocation, and afterwards kept warm. One or two applications, usually remove all the distressing itchiness of the

disease, and in a few days the swelling and redness completely subside. As I have used this application in such a number of cases, and as it has been found equally successful in the practice of others, I have no hesitation in recommending it as a most useful and valuable remedy.

In the second stage of the disease, when vesications have formed on the skin, and ulceration has taken place, the cantharides will be found a beneficial application to the inflamed skin contiguous to the ulceration, and it has a powerful effect in diminishing the swelling and deformity of the parts, which so often remain after repeated attacks of this disease. There is no application so useful to the ulcer itself as the common ointment of the red oxide of mercury.

OBSERVATIONS  
ON  
ADHESION,  
WITH  
TWO CASES,

DEMONSTRATIVE OF  
THE POWERS OF NATURE TO REUNITE PARTS WHICH HAVE  
BEEN, BY ACCIDENT, TOTALLY SEPARATED FROM  
THE ANIMAL SYSTEM.



By WILLIAM BALFOUR, M.D.

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*Tantum, quantum quisque potest, nitatur.*

Cic.

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EDINBURGH:

*Printed by Abernethy & Walker,*

AND SOLD BY WILLIAM BLACKWOOD, EDINBURGH; AND  
T. UNDERWOOD, 32. FLEET STREET, LONDON.

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1814.  
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*These CASES and OBSERVATIONS were first published in NO. 40. of the Edinburgh Medical and Surgical Journal, a Work deservedly in extensive circulation, and therefore a proper Repository of Facts that ought to be made universally known to the Faculty. But as that Publication is in the hands of Medical Practitioners only, and as the Facts here recorded must be interesting, not only to the Physician and Surgeon, but to all mankind, they are given in this form, that the knowledge of them may be diffused as widely as possible.*



OBSERVATIONS  
ON  
ADHESION,  
&c.

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**T**HE practice of engrafting trees first suggested to medical practitioners the idea of repairing mutilated parts. This practice was successfully prosecuted by a few, when the state of society afforded opportunities; but has uniformly been treated with a certain degree of ridicule by far the greater number of the profession. This distrust in the powers

of Nature, in the face, too, of evidence which it would be difficult to controvert, is not more unphilosophical in itself, than its influence on practice must be detrimental. What a man believes impossible, he never will attempt. But if a branch of one tree unites with the stump of another, so as not only to live, but to bear fruit, it can be no great stretch of imagination to suppose, that a part totally separated from the animal system, may, under proper management, reunite and live, and perform all its proper functions.

A number of years ago, an accident happened, in the management of which I proceeded upon the principle, of the possibility of parts entirely separated uniting again, with all the success I

could desire. This idea was suggested by the necessity of doing something without delay, and the recollection of the Taliacotian mode of forming artificial noses. At that time, however, I knew of no case in which even an attempt had been made to replace parts, as near being totally separated from the system as were those in this instance. This case I did not publish at the time it occurred, for reasons hereafter to be mentioned. Indeed it had almost gone out of mind, till a fresh accident occurred, the cure of which by reunion, ranks, under all the circumstances of the case, among the most wonderful instances of the powers of Nature, and for ever sets at rest the question, "Whether parts, which have been completely separated from the rest of the animal

system, and in which circulation has ceased altogether, can be again reunited \*?" There is a circumstance, too, which stamps a value and importance on the two following cases, above all, or most others of the kind,—that is, their authenticity, or the proof that can be led, that the facts recorded really happened precisely as recorded; a proof, which, from the number and respectability of the witnesses, must convince the most sceptical.

The recollection of what took place in the first case, left little doubt in my mind of an equally favourable result in the second; for I never attributed the least degree of the success attending the

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\* Dr Thomson's Lectures on Inflammation, p. 230.



former, to the small slip of skin that remained undivided. It appeared to me highly improbable, that a connection so very slender could keep up circulation betwixt the system and the separated parts, with a vigour sufficient to keep the latter alive.

From the moment, therefore, I found reunion to have taken place, I began to suspect, that the precautions employed by Taliacotius, and his contemporaries, to keep up circulation in parts destined to supply the place of others, were unnecessary, and inadequate to the purpose. Can it be supposed, for instance, that an extensive surface cut out of the arm for forming an artificial nose, could be fed by a small attachment, with a vigour at all proportioned to the celerity

with which adhesion by the first intention takes place? It is impossible. Suppose a piece of skin, of such extent, were raised from any part of the body, and allowed to remain, without being connected with any other raw surface, how long, I ask, would that part of its margin, most distant from the attachment left to keep up circulation in the part, live? I am convinced very little, if any blood, would issue from it, except what might be in the vessels at the time of their being divided.

If, therefore, the connection left to keep up the circulation of the excised parts, in Taliacotius's operations, was insufficient for that purpose, these parts must be considered as having been in the same situation as if entirely separat-

ed from the system, and their adhesion to the parts to which they were applied as having depended, not on the circulation supposed to have been kept up in them, but on the principle of vitality remaining in them, and on the circulation having been restored to them, by the new surface to which they were attached.

With regard to circulation being kept up, in parts cut out of the forehead, as now practised in India \*, it is out of the

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\* A thin plate of wax is fitted to the stump of the nose, so as to make a nose of a good appearance. It is then flattened, and laid over the forehead. A line is drawn round the wax, and the operator then dissects off as much skin as it covered, leaving undivided a small slip between the eyes. This slip preserves the circulation till an union has taken place between the new and old parts. The cicatrix of the stump of the nose is next pared of; and, immediately behind this raw part, an incision is made through the skin, which passes

question. The twist given to the small attachment, left at the root of the nose, must almost entirely preclude any thing of the kind.

I am convinced, therefore, that had Taliacotius at once separated from the system, the flaps of skin with which he repaired mutilated parts, his operations would have been equally successful, infinitely less troublesome to himself, and distressing to his patients. With this conviction, arising solely from the suc-

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around both *alæ*, and goes along the upper lip. The skin is now brought down from the forehead, and, being twisted half round, its edge is inserted into this incision, so that a nose is formed with a double hold above, and with its *alæ* and *septum* below, fixed in the incision. The connecting slips of skin are divided about the twenty-fifth day, when a little more dissection is necessary to improve the appearance of the new nose.—Gentleman's Magazine for October 1794.

cess attending the first of the following cases, I was resolved to attempt the reunion of any divided parts that might come in my way, unless such parts were of a magnitude that the apposition of the wounded surfaces would not restrain hæmorrhagy.

There are instances on record, with not one of which was I acquainted when the accident happened to my son, of the *points* of fingers, ears, noses, being nearly or entirely separated from the system, that were made to re-adhere. But Pedie's case, so far as I know, is without a parallel; and I have the authority of a number of the first characters in the profession in this place to say, that it is the most extraordinary that has come to their know-



ledge. This is my apology, if any is necessary, for giving it to the public. For “ it must not be imagined, that the recital of such uncommon cases is without its use ; for, while they extend our knowledge of the powers inherent in living bodies, they inform us of the advantage often to be derived from allowing these powers proper opportunities of exerting themselves. Of reunion, by adhesion, we are, in no case, to despair, so long as the least degree of circulation remains in both, or even in one of the parts divided \*.” To this I would add, that many things are left undone, from mere supineness, or a belief that they are impracticable, because they were never known to have been done

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\* Dr Thomson’s Lectures on Inflammation, p. 243.



before. Of what advantage then may it be, to be generally known, that such things as are detailed in the two following cases, are not only practicable, *but have been done?*

Individuals in every line of life, but especially those who work with edged instruments, or who are employed about machinery, would often have it in their power to prevent unsightly mutilations in themselves or others, and be enabled to earn their bread as before. Surgical skill is not necessary in all instances of such accidents. The chief thing wanted is, a conviction that attempts at reunion of divided parts *may* be successful; for whoever has this belief will not fail, when such accidents occur, to give opportunity to the powers of Nature to

exert themselves. There is, indeed, no saying what may be done in this way. It would be unphilosophical to set bounds to the powers of Nature. And because noses, ears, and the *points* of toes and fingers, are the only parts which, when separated, are known to have reunited, is Nature to be blamed for that? The reason is, the reunion of other parts has never been attempted. I would not, however, from these observations, be understood as imagining, that parts of very considerable magnitude, when totally separated from the system, can ever be expected to reunite. The impossibility of this is, I think, evident *a priori*.

But the knowledge of such facts as occurred in the following cases, must,

by increasing his confidence in the powers of nature, induce every rational practitioner to trust more to them, in many circumstances, than he otherwise would do. Therefore, though it would be madness to expect the reunion of a leg or an arm that had been entirely separated, yet I can very easily conceive a leg or an arm to be wounded in such a way, by accident, or in battle, as, according to received principles, to render amputation necessary, but which in the hands of a surgeon, quite aware what Nature can do, might be preserved. I can very easily conceive that, to a practitioner who knows that Nature, by her own innate powers, unaided by a single auxiliary artery, can effect the reunion of a finger that has been entirely separated from the system for nearly half

an hour, cases may occur, in which he will pause before he takes off a limb, which, but for such knowledge, he would amputate without hesitation. In this view, Pedie's case, in particular, will, I trust, be an acceptable present to Surgeons in the Army and Navy, where casualties occur so often, and of course there are such opportunities for observation, and warrantable experiment, and may be the cause of preserving limbs which otherwise would be lost, to many a gallant man. At all events, it is evident, that the practice of attempting the reunion of separated parts, may be carried farther than has ever yet been done; and it must be a comfortable reflection to an unfortunate sufferer, in the hour of accident, to know, that a whole finger, or even all

the fingers of a hand, though entirely cut off, may be restored \*.

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\* A gentleman, to whom I told Pedie's case lately, expressed his regret that he had not known it sooner; for, said he, "our blacksmith, a very clever fellow, a short time ago, struck off three of his fingers, from about the middle. He ran immediately, with the pieces hanging by small slips of skin, to the surgeon of the village, who out with his scissars, divided the slips of skin, threw the fingers away, and contented himself with dressing the stumps." Now, this gentleman did what almost every other surgeon would have done; but had he known Pedie's case, the blacksmith, a thousand to one, would have had his fingers to-day.



## CASE I.

About eleven years ago, Mr Gordon, surgeon, now, I believe, in India, after having conversed with me for some time one day, in my shop, upon going out shut the door smartly after him, without perceiving any body near it. Unfortunately, one of my sons, a boy of about four years and a half, diverting himself on the outside, had one of his hands in the groove of the hinge-side of the door. I was shocked with a wild scream that I heard upon the door being shut ; and still more so, when Mr Gordon came in, carrying the boy in his hands, stretched, from agony, as upon a rack. The points of thrèe of his fingers



were completely separated, with the exception of a slight attachment of skin, which barely suspended the parts. The points hung at right angles when the fingers were extended. The point of the index was cut off at the middle of the nail, the fore-finger a little above the nail, and the ring-finger at the root of the nail. The wounded surfaces were necessarily much bruised, but the fingers were nevertheless cut so perpendicularly, that, unless I had seen it, I could not have believed a door could have done it. With the assistance of Mr Gordon, the innocent cause of the accident, I instantly replaced the parts, with but little hopes, I confess, owing to the degree of contusion of the wounded surfaces, of reunion taking place. But I was so shocked at the idea of the boy's

hand being mutilated for life, that I hesitated not a moment to put the powers of Nature to the test. On the sixth day after the accident I removed the bandages, when I found adhesion had taken place, to the unspeakable joy of Mr Gordon, the boy, and myself. The skin and nails came off all the three fingers, but were afterwards renewed; and the cure was so complete, that a narrow inspection was necessary to discover any difference between the fingers of the one hand and those of the other. There was, indeed, no difference to be perceived, but a slight scar on the left side of the ring-finger, at the root of the nail. This case I certainly would have published at the time it occurred, but on Mr Gordon's account, who, though not the smallest blame was attributable to him,

suffered more anxiety and distress of mind than I did myself, and never liked to hear the subject mentioned. I trust he will now excuse me for mentioning him by name, having no other motive for so doing, than the establishment, beyond the possibility of contradiction, of the truth and accuracy of the above statement. Mr John Moffat, accountant of Excise, Mr Alexander Milne, surgeon, now on board the Norge, 74, and my servants, were likewise witnesses of the fact. The boy died of the scarlet-fever, a year and a half after the accident ; and but for the following case occurring, which to most, I am sensible, will appear much more interesting and decisive, that of my son would never have been recorded.

## CASE II.

On the 10th day of June last, two men came into my shop, about eleven o'clock forenoon, one of whom, GEORGE PEDIE, a house-carpenter, had a handkerchief wrapped round his left hand, from which blood was dropping slowly. Upon uncovering the hand, I found one half of the index wanting. I asked him what had become of the amputated part. He told me he had never looked after it, but believed it would be found where the accident happened. I immediately dispatched Thomas Robertson, the man that accompanied the patient, to search for and bring the piece. During his absence I examined the wound, and found that it began near the upper end of the

second phalanx, on the thumb side, and terminated about half an inch lower on the opposite side. The amputated piece, as measured by the patient himself, was an inch and a half long, on the thumb side, and an inch on the other. The wound was inflicted in the cleanest manner, by one stroke of a hatchet, and terminated in an acute point.

In about five minutes, as nearly as I can guess, Thomas Robertson returned with the piece of finger, which was white and cold; and I remarked to Dr Reid, who was present, that it looked and felt like a bit of candle. Without the loss of a moment, I poured a stream of cold water on both wounded surfaces, to wash away the blood from the one, and any dirt that might be adhering, from the



other. I then applied, with as much accuracy as possible, the wounded surfaces to each other, expressing a confident expectation that reunion would take place.

I endeavoured to inspire the patient with the same hopes, by detailing to him the success I had in my son's case, which, for the reasons already mentioned, was to me quite decisive of the question, whether or not parts entirely separated from the system would reunite? All this was heard by the patient with a very apparent distrust. But I could do no more than tell him, that, if reunion did not take place, no harm could ensue from the attempt, and that, if it did, a great deformity would be prevented. I informed him, that unless pain or foetor,



or both, should occur, I would not remove the bandages for a week at least ; directed him to keep his fore arm slung, and not to think of any kind of work. At last he entered so far into my views as to promise punctual obedience. He called on me next day, when he felt no particular uneasiness, but remarked, that the wound had not altogether given over bleeding. Assuring him there was nothing in that, I desired him to call on me every day ; but did not see him again till the 4th of July ! Concluding, from his absenting himself without assigning any reason, that he was one of those too frequently to be met with in the lower ranks, who go from one medical man to another, just as their fancy strikes them, or as they happen to be advised by some of their foolish and ig-

norant neighbours, and whose ingratitude to any practitioner is in exact proportion to the good he does them, I suspected he had fallen into bad hands, and that I never would hear more of him. . On the 2d of July, however, a gentleman called on me, and asked if I recollected a man who had got a finger struck off, about three weeks before, to have come through my hands ?

I told him I recollected perfectly well ; that I was filled with indignation at the fellow's unreasonable and ungrateful conduct ; and that I was just about setting on foot a search after him, not having informed myself either of his name or place where he was employed, at the time he applied to me. The gentleman said he would save me the trou-

ble, for he could give me an account of the man.

The accident happened on the 10th of June, and on the 12th, the patient, under the influence of the ridicule of his acquaintances, for giving the least credit to my assurances that reunion would take place, applied to another practitioner. This gentleman, I am informed, on being told the object I had in view in replacing the piece of finger, represented the impropriety of any other person intermeddling with it. But, prepossessed with the belief that he carried about a piece of dead matter only, tied to the stump of his finger, the man insisted on having the bandages removed, which was done accordingly. Thus were nearly rendered abortive, my at-

tempts at the reunion of the parts, and the profession deprived of a fact, which, as demonstrating the wonderful powers of Nature to repair injuries, is inferior in importance, to none in the annals of the Healing Art. But, fortunately, Nature had been too busy for even this early interference to defeat her purpose. ADHESION HAD TAKEN PLACE.

In consequence of the information I got from the gentleman who called on me on the 2d of July, I found out the patient on the 4th, when reunion of the parts was complete. The finger, in fact, is the handsomest the man has, and has recovered both heat and sensation. In the progress of the cure, the skin was changed, and, soon after the accident, the nail fell off; but I have not the

smallest doubt that it will likewise be renewed.

From the information obtained, not only from the patient himself, but from those present when the accident happened, I am satisfied, that upwards of twenty minutes must have elapsed before the parts were replaced. For the patient did not apply to me *immediately* upon receiving the injury. He waited on the spot till a great number of his fellow workmen, separated in different apartments of a large building, came to see and condole with him on the occasion. The word *immediately*, in his affidavit, must therefore be understood as so qualified.

I have thought it proper to subjoin the affidavits of George Pedie, Thomas



Robertson, and Dr Reid, to the principal facts and circumstances of Pedie's case, that no doubt might remain of their truth and accuracy. For "it must be confessed, that instances of reunion among parts which had been entirely separated, are very rare in the human body; so rare, indeed, that most practitioners still treat with disbelief and ridicule the few instances which have been put upon record\*." These affidavits are still more necessary to convince people who are not of the medical profession, but to whom the knowledge and belief of such facts may be useful. Numbers of such having heard an imperfect account of Pedie's case, have called upon me to ascertain the truth;

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\* Dr Thomson's Lectures on Inflammation, p. 239.



but I have never yet met with one who expected me to confirm the facts, of the *entire* separation and *complete* re-union of the parts.

I GEORGE PEDIE, house-carpenter, declare, That, on the 10th day of June last, when at work in the Advocate's Library, I accidentally struck off the finger next the thumb of my left hand, at one stroke, with a hatchet : That, accompanied by Thomas Robertson, foreman of the work, I immediately went to Dr Balfour, who, as soon as he saw what had happened, asked where the bit of finger was that had been struck off ? That I said I did not know, but believed it would be found where the accident happened : That Dr Balfour requested Thomas Robertson to go and bring it as quickly as

possible : That Thomas Robertson went and returned with it in about five minutes : That Dr Balfour immediately washed both it and my bleeding finger with cold water, and replaced the piece that had been struck off, and bound it up : That Dr Balfour said he expected it would adhere, because he had been successful in a similar case eleven years ago; having replaced three of one of his son's fingers that had been cut off by accident, and which completely united : That I had no reason to go to any other than Dr Balfour, but that I did not believe the part of my finger that had been cut off would reunite, and that I was laughed at by all my acquaintances for ever expecting that it would : That when the dressings were first removed, which was on the 12th of June, reunion

of the parts was found to have taken place. And I declare, that the merit of the cure belongs exclusively to Dr Balfour. All which I declare to be truth.

(Signed) GEORGE PEDIE.

DUNCAN COWAN, J. P.

*Edinburgh, 18th July 1814.*

*Edinburgh, 19th July 1814.* Compared Thomas Robertson, mentioned in the preceding declaration, who being examined, declares conform to the preceding witness *in omnibus*. And this is truth.

(Signed) THOMAS ROBERTSON.

DUNCAN COWAN, J. P.

I PETER REID, physician in Edinburgh, declare, that I was witness to the facts

and conversation stated in the above declaration by George Pedie ; that I have this day examined his finger, and find that complete reunion has taken place.

(Signed) PETER REID, M. D.

DUNCAN COWAN, J. P.

*Sworn before me at Edinburgh,*

*July 26. 1814.*

From the above details, many questions naturally arise, any one of which I am far from pretending satisfactorily to answer. It is impossible, however, to dismiss such a subject without hazarding some observations.

What, then, is the process which Nature follows in re-establishing a connection betwixt the animal system, and a

part that has been entirely separated from it? It is agreed upon, as the result of observation, however inexplicable the facts may be, that when two recently divided surfaces, both of which are still connected with the system, are applied to each other, with a view to immediate adhesion, or reunion by the first intention, a layer of gluten is first interposed between them. It is reasonable to suppose, that both surfaces contribute equally to the formation of this layer, which, soon after, is seen to be penetrated with blood-vessels. These vessels, however, are not unconnected, in any stage of their existence, with the surfaces. They do not begin in the substance of the layer and advance to the surfaces. They begin at the surfaces and advance towards each other ;



or, more properly speaking, they are the blood-vessels which had been divided, now elongated, through the medium of the organizable fibrin, for the purpose of reuniting the parts. Not so with parts that have been entirely separated from the system, and in which circulation has ceased altogether. The fibrin, in this case, must be effused from one surface only, that connected with the system. The vessels of this only can be elongated; and those of the separated part must be nearly passive in the process of re-establishing circulation. The separated part must be considered in a state of suspended animation, still possessing excitability. When new blood comes in contact with the open mouths of its vessels, it is probable that it is absorbed by capillary at-



traction. This new blood, being the proper and natural stimulus to its own vessels, must excite the dormant vessels to action ; and upon this action must depend the connection that is formed between them and the vessels projected from the living surface. Circulation between the surfaces being thus established, must be gradually extended through the whole part that had been separated, by the *vis a tergo*, and the action of its own vessels.

Analogous to this is what happens to persons who are recovered from drowning. Though in them all the functions are suspended, the body is not dead. The principle of vitality still remains. It is, indeed, difficult absolutely to say when this principle is extinguished ; at

least, nothing short of the formation of new combinations can warrant the conclusion. Thus, though the body may have been a considerable time immersed in water, and is to all appearance dead, if the circulation of the blood can be restored, by the gradual application of heat, friction, and artificial respiration, it becomes reanimated, and is restored to the exercise of all its functions.

THE END.

# APPENDIX

TO A

## PROPOSAL

FOR A NEW MANNER OF CUTTING

FOR THE STONE;

CONTAINING AN ACCOUNT OF

SOME CASES OPERATED ON AFTER THAT MANNER,

IN

*THE ROYAL INFIRMARY*

OF

EDINBURGH.

---

BY

JOHN THOMSON, M. D.

PROFESSOR OF SURGERY TO THE ROYAL COLLEGE OF SURGEONS, AND  
REGIUS PROFESSOR OF MILITARY SURGERY IN THE  
UNIVERSITY OF EDINBURGH.

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EDINBURGH:

PRINTED FOR WILLIAM BLACKWOOD, AND BROWN & CROMBIE;  
AND LONGMAN, HURST, REES, AND ORME,  
PATERNOSTER-ROW, LONDON.

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1810.

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TO THE  
HONOURABLE THE MANAGERS  
OF  
THE ROYAL INFIRMARY,  
OF  
EDINBURGH,  
THE FOLLOWING PAGES  
ARE  
HUMBLY INSCRIBED;

In testimony of the gratitude felt by the Author, for the daily opportunities of Instruction in his Profession, which have been afforded him, during a period of nearly twenty years attendance, in the Surgical Wards of that Institution.





## ADVERTISEMENT.

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I HAVE published the following cases, less from the belief that they contain any new or valuable information, than from a desire that the Public should possess correct means of judging of the truth of certain statements, which have been very industriously circulated in this City regarding them; statements calculated, if not intended to bring into discredit with the Public, an Institution, which, by the judicious administration of its Managers, and by the abilities and attention of its Physicians and Surgeons, has long been a blessing to the poor of this country.

Of the late account of two of these cases, which Mr. John Bell has assumed to himself the right of publishing, I have not read one syllable, lest, in the relation of facts, I should have been led insensibly into a vindication of my operations and practice. This has

been no very painful act of self-denial; for I am too well acquainted with the writings of Mr. Bell, and with what he has said of the operations and practice of other surgeons, living and dead, to feel much anxiety with regard to any thing which he can say of mine, either in praise or in blame. I have suffered to pass, without the slightest animadversion, the many foul insinuations and *professional* calumnies, which Mr. Bell, during the course of the last eleven years, has been pleased to print and circulate with respect to me; and I trust I shall never find it necessary, for my own reputation, to take notice of any statements, resting solely on the correctness of his testimony. I have the satisfaction to feel, that hitherto they have not injured me: And although I am well informed, that his recent publication is of an actionable nature, I persuade myself, that I shall not be thought negligent of my own character, in permitting him to remain in that security which he has hitherto enjoyed. But I have been informed, that in the account given by Mr. Bell, of my operation on the patient, Robert Walker, a particular reference is made to two of my professional brethren,

both members of the same College with myself, and one of them a Manager of the Royal Infirmary. On that account, alone, have I been induced to allude to the writings of Mr. Bell, and to subjoin to my narrative of that patient's case, a correspondence which I have since had with the two Gentlemen referred to, with the Managers of the Royal Infirmary, and with my former Colleagues. I shall not indulge myself in a single remark on the import of that correspondence; but leave it, as I now do my own account of the Cases, and that which has been given of them by Mr. Bell, to be judged of by the Public.

In justice to my Colleagues, however, I ought to state, that they have endeavoured, by every means in their power, to dissuade me from publishing their part of the correspondence. I applaud the feelings by which they are influenced upon this occasion; but no motives of false delicacy shall deter me, now that my connection with the Infirmary has ceased, and that I have renounced the practice of the operative part of Surgery, from the performance of what I regard as a duty which I owe to the Surgical department of the Infirmary—to the School of Surgery in Edinburgh—to the Public—and to myself. Had my profes-

sional character been the only object of attack, and had there been no written or printed records of the sentiments, which the Manager referred to, in conjunction with Mr. Bell, has long entertained of the present system of surgical attendance in the Infirmary, the particular communication, acknowledged to have been made, with regard to the operation on Robert Walker, should have been passed over by me in silence.

The histories of the cases, and the greater part of the reports, now copied from the Journals of the Infirmary, were drawn up by Drs. Robert Greig and Henry Walker; while acting as my Clerks. I embrace with pleasure this opportunity of expressing the sincere gratification I experienced, in observing the unremitting attention which they gave, to the surgical patients in the Infirmary entrusted to my care.

JOHN THOMSON.

*Brown's Square,  
July 23, 1810.*



## APPENDIX, &c.

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### CASE I.

JAMES ARCHIBALD, AGED 4.

*Royal Infirmary, June 13, 1808.*

“THE lower part of the belly is somewhat swelled, tense, and painful. He has almost constant pain in the point of the penis ; great pain and difficulty in making water, which comes away by drops, and cannot be passed in a full stream. P. 120. Skin hot. T. clean. He has passed little urine for the last two days.

For the last eight months, he has been troubled with pain and difficulty in making water, but the symptoms have increased considerably of late. Has used various remedies without advantage.

Let him be put immediately into the warm bath, there to remain a quarter of an hour.

8va. horâ. Passed his urine pretty freely after coming out of the bath. Swelling and tension of belly much diminished.



Habeat cras Mane, Bol. ex P. Jalap. gr. vi.  
Calomel. gr. i.

— 18<sup>th</sup>. A sound was to-day introduced into the bladder, and the existence of a stone distinctly ascertained.

Let him go into the warm bath every night.

*July 3d.* Habeat vespere Infus. Sennæ i.

— 4<sup>th</sup>. This day the lateral operation of Lithotomy was performed; but instead of the common staff, one having a groove on the lateral and concave part was employed.

The external incision having been made, the point of the knife was introduced into the groove of the staff, and carried forward with its edge upwards and outwards into the bladder; and a small stone, of an oval form, and rough on its surface, was extracted with the forceps in the usual manner.

— 5<sup>th</sup>. Has rested well since the operation. Urine, which comes away chiefly by the wound, has been voided also by the urethra.

Pulse, which has continued about 120 since his admission, is to-day about 150. Says his belly is free from pain.

He has been observed of late to pick his nose frequently and grind his teeth, particularly during sleep. He has had three grains of Calomel since the operation, which has not yet operated.

Habeat Pulv. ex Calomel. gr. iss. Sacchari purissimi. gr. vi. Omni 2da. horâ ad alvi dejectionem.

— 6th. Seven grains of Calomel and four drachms of Castor oil having failed to procure a stool, a common injection was given to him last night, by which a copious stool was procured. Slept well during the night. Urine continues to come partly by the wound, and partly by the penis. P. about 136.

Contin. Pulv. ex Calomel.

Let him have a few strawberries daily.

— 7th. Has had four of the powders, by which he has had two stools since yesterday. A good night. P. 120. Urine continues to flow by the wound and penis.

Intermit. P. ex Calomel.

— 8th. Has had three stools since yesterday. A small fragment of calculus came away to-day by the penis; after which the urine flowed pretty freely. P. about 118.

Contin. Omn.

— 9th. Habeat Sem. Sant. sc. i. ex Syrupi Simpl. 3ss.

— 10th. Repet. Pulv. Sem. Santonici.

— 11th. Urine still continues to flow by the penis and wound. P. about 116. Skin cool. Belly

open. He has complained for the last two days of pain in his ears.

Contin. Sem. Santon. ex Syrupi simpl.  $\text{z}$  ii.

—— 12th. Voided one large lumbricus during the night.

—— 13th. Has voided another lumbricus since yesterday. Continues easy in every respect. P. about 100.

Contin. Sem. Sant.

—— 14th. Has passed two lumbrici since yesterday.

Contin. Sem. Sant.

—— 15th. Continues easy. Urine comes chiefly by the penis. Wound seems to be healing.

Contin. Sem. Sant.

—— 22d. Repet. Sem. Sant.

—— 26th. Let the strawberries be discontinued.

—— 27th. Cras Mane Cap. Pulv. ex Jalap. gr. x, Calomel. gr. ij.

August 2d. Repet. Pulv. Vermifug.

—— 6th. Urine has come wholly by the natural passage for the last ten days. Wound completely cicatrized.

Let him have some Worm and Laxative powders with him.

DISMISSED CURED."

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THERE are only two circumstances mentioned in the history of this case, which seem worthy of notice. One of these is, the form of the staff used in the operation; and the other, the discharge of worms which took place during the cure.

I was induced to make trial of a staff of the form described, partly in consequence of having repeatedly used it with advantage, as I thought, in operating upon the dead body; and partly also with a view to render the operation more simple, by dispensing with the use of the straight staff, which I had recommended in the "Proposal." In using the curved staff, however, in this operation, I met with considerable difficulty in carrying the point of the knife forwards along its groove; and this circumstance, obliged me to take up more time in the performance of the operation, than perhaps would otherwise have been necessary. That the patient, however, received no injury by the manner in which he was cut, is evident from the reports contained in the history of the case, and from the result of the operation.

The very frequent occurrence of worms in the intestines of children who have stone in the blad-

der, and the dangerous irritation and fever which they often excite after its extraction, have been, so far as I know, first fully pointed out to the attention of Surgeons, by M. Deschamps, in his "*Traite de la Taille*;" a work which contains almost every thing that is at present known respecting the history and most approved methods of performing Lithotomy; and which I cannot but regard, as the most perfect model which we yet possess, for the composition of surgical treatises in general. M. Deschamps seems to think, that in Calculous cases, where symptoms of worms appear, the patient should be allowed to recover from the operation, before ~~any~~ attempt is made to dislodge them from the intestines. His plan of "keeping the worms for a time in good humour," by a plentiful supply of nourishment, is not likely to be adopted by the practitioners of this country. No injurious effects, at least, were observed to follow from an opposite plan of treatment, in the case of James Archibald.



## CASE II.

ROBERT WALKER, Aged 50.

*Royal Infirmary, June 27, 1808.*

“ **HAS** a great desire to make water, which he cannot do without great pain and difficulty.

Sometimes his urine comes away by drops, and at other times in a full stream, which will frequently stop suddenly, without any evident cause; the desire to make water still continuing. At this time, he feels a severe pain, darting as if towards the neck of the bladder, and fixing in the point of the penis. He feels likewise a dull kind of pain in his loins, a sense of numbness in both thighs, and a particular sensation in his testicles, as if they were drawn together.

These symptoms are most observed before he voids his urine, but he is seldom altogether free from them. He makes water most easily when the body is bent forwards; and sometimes when the flow of urine has stopped, he is enabled to make more by changing his posture. At one period, after making water, he used to observe a slimy discharge from the urethra, but there has been little or none of this, for some time past.

When the pain is very severe, he feels occasionally sickness at stomach, with an inclination to vomit, which he sometimes does.

When he is straining violently to pass his urine, a *prolapsus ani* sometimes takes place; but after the straining is over, the gut goes up easily of its own accord. These symptoms are aggravated by violent exercise or costiveness. His complaints began about a year ago, and have been gradually getting worse. He can assign no cause for them. At first they were attended with a severe purging, which lasted several months. He has used a variety of remedies, with the nature of which he is unacquainted, without relief. He sleeps ill, on account of the frequent desire to make water. His appetite is pretty good. P. natural. Rather costive.

Habeat Vespere Haust. ex Ol. Ricin.

— 28th. No effect from the physic.

Repet. Haust. ex Ol. Ricin.

— 29th. He was sounded to-day, but no stone could be felt.

H. 8va. Hab. Stat. Haust. Anod.

— 30th. Hab. Pilul. Rhei Comp. iij. Statim.

July 4th. Hab. Vcsper. Ol. Ricin. ʒi.

Let him go into the warm bath to-morrow morning.

— 5th. In performing to-day the lateral operation of Lithotomy, the usual curved staff was introduced into the bladder, and the stone distinctly felt. The external incision having been made in the usual manner, and the membranous part of the urethra being divided, a straight *grooved* staff was pushed along the groove of the *curved*, into the bladder. The *curved* being withdrawn, and the stone felt with the *straight* staff, the incision into the bladder was made with a large scalpel, conducted along the groove of the staff, with its edge turned upwards and outwards. The stone was then felt by the point of the finger introduced into the bladder, and again by the forceps introduced along a blunt gorget; but on endeavouring to lay hold of it, it appeared to recede before the forceps, and could not afterwards be discovered with that instrument. The curved staff was, at two different times, re-introduced through the urethra, and the stone distinctly felt; but after repeated fruitless endeavours to discover and lay hold of it with the forceps, the patient appearing considerably exhausted, it was deemed expedient to desist, for the present, from all further attempts, and to put him to bed.

Hab. Stat. Haust. Anod. ex Tinct. Opii. Gtt. xl.

Habeat Mist. Salin. Diaphoret. ʒi. 2da  
q. q. horâ.

July 6th. Has passed an easy night, but without sleeping much. Had a small stool soon after the operation. The voiding of his urine, which comes

in fits, is attended with slight pain. P. 82. Skin moist. Says he has no pain, except in the wound.

Cont. Mist. Salin. Diaph. Habeat stat. Haust. ex Ol. Ricin. et Repet. post Hor. iij. nisi prius respond. Alvus.

— 7th. Has had four or five stools by the physic. A tolerably easy night. Feels no pain, unless when he voids his urine; and says, the pain is precisely similar to that, which he experienced on voiding urine before the operation. P. 76. Skin moist.

Cont. Mist. Salin. Diaphoret.

— 8th. A good night; no stool since yesterday; but he has had a troublesome sensation of tenesmus. Pulse about 82. He vomited once this morning, on the tenesmus and disposition to void urine coming on; a thing which he was accustomed to do, previous to the operation. Abdomen feels soft, and is not painful on pressure.

Cont. Mist.

— 9th. The tenesmus was troublesome during the night, but it has abated since morning. No stool since yesterday. P. about 86. T. whitish but moist. Abdomen continues free from pain.

Habeat Elect. Lenetivi, ʒss.

— 10th. Two stools from the physic. Tenesmus and pain on voiding urine abated after the



stools. An attempt was made this morning to extract the stone, by introducing a blunt gorget upon the groove of the curved staff; and after considerable difficulty, in laying hold of it with the forceps, it was extracted with difficulty. The stone had a rough surface, was an inch and a half long, and nearly the same in breadth.

Habeat Stat. Haust. Anod. ex Tinct. Opii.

Gtt. XL.

— 11th. A good night. Tenesmus and pain in voiding urine, have ceased since the extraction of the stone. Has had three loose stools since the visit of yesterday. P. 82. Skin moist. Abdomen continues free from pain.

Cont. Haust. h. s. ex Tinct. Opii. Gtt. xxx.

— 12th. Has had two loose stools since yesterday. P. about 80. Continues easy in every respect.

Cont. Mist. Diaph. Salin. et Haust. Anod.

— 13th. A good night; has had two stools since yesterday. Urine flows freely by the wound, which has a healthy appearance.

Contin. Med.

— 14th. Continues easy.

Habeat Vini Rub.  $\mathfrak{z}$ vi. in dies. Cont. Med.

— 16th. Augeat. Vinum ad  $\mathfrak{z}$ viii. in dies. Cont. Haust. Anod. ex Tinct. Opii Gtt. XLV.



—— 17th. Had 2lb. of porter yesterday, for supper and breakfast.

Cont. Cerevis. Fort. et Alia Medicamenta.

—— 20th. Let him have a small bit of steak daily.

—— 23th. Cont. Cerevis. Let his broth be omitted. Aug. Vinum ad  $\frac{3}{4}$ x.

August 1st. Urine comes chiefly by the penis. Wound cicatrizing, but the granulations from its edges are somewhat prominent.

—— 4th. Edges of the wound appear to have coalesced. Urine has come wholly by the yard for the last three days.

—— 6th. Wound looks well.

DISMISSED CURED."

P. S. I have the satisfaction to know, that Robert Walker was alive within these few days, and that he has enjoyed very good health since the operation.—*July 1810.*

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THE reader may have already remarked, that when this patient was first sounded on the 29th of June, no stone could be felt in his bladder. This trial was made by several of my Colleagues, as well as myself, at a meeting called for that purpose. Two or three days after, I proposed to my colleague Dr. Erskine, to whose care the patient had been particularly recommended, that we should once more repeat the sounding, before remitting him to the physicians. We accordingly did so; and were about giving up the search as fruitless, when the sound, in the act of withdrawing it, was distinctly felt to rub against a stone.

The patient was brought to the table for operation on the 5th of July, and the stone was not only again distinctly felt, but the noise which it made with the staff, was heard by some, if not by all of my Colleagues. After making the incisions in the manner described in the case, I introduced my finger into the bladder, and with the point of it touched the stone. The forceps were now employed, and I was sensible of their coming into contact with the stone, but for a moment only. They were moved in all directions, but without my being able again to feel it. It was felt, however, by the sound when passed along the urethra into the bladder; and I then endeavoured to conduct upon that instrument, first, my finger, and afterwards the forceps towards it; but in this also

I was disappointed. The staff being withdrawn, diligent search was again made with the forceps, but with no better success. The staff was a third time passed into the bladder, and with the same result as before; but neither with the fingers, introduced through the wound and into the rectum, nor with the forceps, could I discover the stone. My colleague Dr. Brown, at my request, repeated the search with the forceps; but as he was not more successful than I had been, we agreed to put the patient to bed, and to desist for a time from any further trials.

In putting the patient to bed, in the circumstances which have been described, I followed a rule, which I have for several years delivered to the gentlemen attending my Surgical Lectures; viz. "That when a stone cannot be felt, after proper incisions have been made into the bladder, and after a careful examination with the fingers, forceps and searcher, we ought to desist from the use of instruments, to put the patient to bed, and to defer any further attempts at finding the stone, until after the abatement of the fever from the operation." This rule, I was led to suggest, from my observation of the injurious effects, which arise from the friction of the forceps upon the inner surface of the bladder; from my knowledge of the fact, that small stones which could not be felt after the most diligent search at the period of operation, have afterwards been passed, spontaneously, through the wound: and likewise, from the instances that have been mentioned

by practical authors, in which stones remaining in the bladder, have been brought nearer to its neck, and placed by nature in a situation more favourable for extraction, than when the incisions were first made. It was the consideration of circumstances similar to these, together with the difficulty which occasionally occurs in finding the stone, which probably gave rise to the proposal of the operation for the stone "*En Deux Temps*;" in which the incisions were to be made at one period, and the extraction of the stone not attempted till another \*. It fortunately happens, however, that but few cases require a mode of operating so protractive, and necessarily so dejecting to the mind of the patient.

By the 9th of July, it being conceived by my Colleagues, that we might safely repeat our search for the stone, I wrote to Messrs. Andrew and George Wood, Surgeons, both Managers of the Royal Infirmary, informing them of the trial that was to be made, next morning at eleven o'clock, and requesting their attendance as a personal favour. My friend Mr. Andrew Wood answered my note, by informing me, that he was extremely sorry it would not be in his power to attend, but requesting that I would allow his son, Mr. William Wood, to be present at the operation.

Having, accordingly, on the morning of the 10th of July, placed the patient in a proper

\* The comparative advantages and disadvantages of this mode of operating, are fully considered in the writings of CAMPER and DESCHAMPS.



posture, in the bed on which he lay, I proceeded, in the presence of my Colleagues, the Clerks of the Infirmary, and my friends, Mr. William Wood and Dr. John Gordon, to introduce my finger into the wound. I found it narrower than on the day of the first operation. I could feel no stone with the finger introduced into the bladder, and, what is more remarkable, I could not touch it now, as at the time of the first operation, with the staff introduced through the urethra. Conceiving that the narrowness of the wound, might be a hinderance to the discovery, as well as to the extraction of the stone, I dilated very freely with a blunt-pointed bistoury. Every search that I could make with the forceps and searcher, was now made, but without effect. I could feel no stone. The patient was placed in various positions, some with the view of giving him ease, and others in order to enable me to find the stone more readily. On the introduction of the finger after one of these changes of position, I at length, to my no small pleasure, felt the rough point, as it were, of a stone. I had scarcely communicated this intelligence to my Colleagues, when, in withdrawing my finger a little, I was sensible of something like a fold of the bladder, coming between me and the stone. From the part of the finger that had come into contact with the stone, I was assured, that it was situated towards the right side of the bladder, and to find it, on that side, was now the point to which my attention was directed. After various trials, in vain, to touch the stone with the finger, I at last felt it with



the forceps, and endeavoured to seize it. I laid hold of it three several times, with the points of the forceps, but on each attempt at extraction, it escaped from between the blades. Overcome with fatigue, and feeling myself, at that moment, beginning to be agitated with emotions of anxiety, I put the forceps into the hands of Dr. Brown, and requested, that he would have the goodness, to extract the stone for me. He did so, after some difficulty in seizing it, with that coolness and steadiness for which he is so remarkable, and which, with his knowledge and experience, so eminently qualify him for a surgical operator.

Having now detailed, as faithfully and minutely as I am able, all the circumstances of difficulty attending the finding and extracting of the stone in the case of Robert Walker, I have only to add, that I shall feel myself infinitely obliged to the intelligent reader who has himself performed Lithotomy, and who may have met with similar difficulties, to point out to me the errors of my operation, and to inform me how I may instruct others to avoid them.

My own conjecture with regard to this case is, that the stone was lodged in a lateral sac, or pouch of the bladder, from which it projected more or less, according to circumstances. But this is a conjecture, it is evident, which could not have been verified, unless by the death and dissection of the patient.

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*To the Surgeons of the Royal Infirmary.*

GENTLEMEN,

Having occasion to publish an account of the case of Robert Walker, whom I cut for the stone, in your presence, in the Royal Infirmary, on the 5th of July 1808, and being most anxious, that that account should be full and correct in all its particulars, I have transmitted a copy of it for your perusal, and have to request, that you will take the trouble to point out to me any defects or inaccuracies which you may perceive in it. I should likewise be obliged to you to state to me, whether you had occasion to observe, during the recovery of this patient, any of those symptoms which usually succeed to violence done to the bladder, by the instruments employed in seizing and extracting a stone.

I am,

GENTLEMEN,

Your obedient Servant,

JOHN THOMSON.

*Brown's Square,  
10th July, 1810.*

*To Dr. John Thomson.*

SIR,

In answer to your letter of the 10th current, we beg leave to mention, that so far as we had an opportunity to observe, and can now recollect the particulars of a case which occurred two years ago, we believe the narrative of the case of Robert Walker, to contain an accurate statement of facts, and we recollect no symptom which could be ascribed to violence done to the bladder in the operation. We are,

SIR,

Your obedient servants,

JAMES RUSSELL.

WILLIAM BROWN.

GEORGE BELL.

WILLIAM NEWBIGGING.

P. ERSKINE.

*Edinburgh,  
July 12, 1810.*

*To Dr. Robert Greig, Physician's Clerk, Royal  
Infirmary.*

DEAR SIR,

Will you do me the favour to examine in the Journals of the Infirmary, the reports in the case of Robert Walker, of the 5th and 10th of July 1808, and inform me whether these reports were composed by yourself, or written to

my dictation; and if the latter, whether I seemed to you to be desirous, that the Students attending the Infirmary should be fully informed of all the circumstances of that case.

Yours most truly,

JOHN THOMSON.

*Brown's Square, July 12, 1810.*

*To Dr. John Thomson.*

DEAR SIR,

On looking at the reports of the 5th and 10th April 1808, in the case of Robert Walker, I distinctly recollect, that the former of these was drawn up by me, and subjected to your revisal, previous to its being inserted in the Journal; and that the latter, was written to your dictation in the Operation Ward of the Infirmary, in presence of the Surgical Students, at the usual hour of visit. On every occasion, but particularly on this, it seemed to me to be your anxious wish, that the Students should, through the medium of the reports inserted into the Journals, be put in possession of the fullest and most correct information respecting the cases under your care.

Yours truly,

ROBERT GREIG.

*Royal Infirmary, Edinburgh,  
12th July, 1810.*

*To Dr. Thomas Hay, George's Street.*

DEAR SIR,

I have been informed that you are referred to by Mr. John Bell, in his late publication,



as having been present at an operation which I performed for the stone, in the Royal Infirmary of this place, on the 5th of July 1808.

May I take the liberty to inquire of you, whether you at that time perceived any very palpable errors or blunders, committed in the performance of the operation; *2dly*, Whether it be consistent with your knowledge, that a stone, which has been felt previous to the operation, may, in every case in which the incisions are properly made, be readily laid hold of and extracted at the time of the operation; and, *3dly*, Whether you gave me, directly or indirectly, any advice or directions with regard to the conduct of it.

I remain,

DEAR SIR,

Yours sincerely,

JOHN THOMSON.

*Brown's Square,*

*7th July, 1810.*

*To Dr. John Thomson.*

DEAR SIR,

I received yours of yesterday's date, respecting my being present at an operation of Lithotomy, performed by you in the Royal Infirmary, on the 5th of July 1808.

At this distance of time, having made no particular observations of what then happened, I have little to say; but that when sitting by Mr. George



Wood, in the Theatre of the Hospital, you, after trying to extract the stone some considerable time, gave the forceps to Dr. Brown, and turned round to where we sat. The conversation was very short, and, as far as I recollect, of little consequence. I am certain, that you neither asked my assistance nor advice,—of consequence I could not give you any opinion.

During the short conversation that then passed, I believe I said, “ Are you sure you are in the “ bladder.” Your answer was, “ Yes.” And I don’t believe any thing more was said on the subject.

The operation was performed, in my opinion, in every step with great propriety, although the stone could not be extracted at that time, which has often happened without any blame being imputable to the operator.

I am,

DEAR SIR,

Your humble Servant,

*Edinburgh,  
July 8, 1810.*

THOMAS HAY.

*To George Wood, Esq. Surgeon.*

SIR,

I was informed for the first time only last evening, that you are particularly referred to by Mr. John Bell, in his late publication, as having been present at an operation which I performed for the stone, in the Royal Infirmary of Edinburgh,

on the 5th of July, 1808, and as having communicated to him important information respecting that operation.

May I now take the liberty to request, that you will inform me, what the nature and extent of the communications were, which you made to Mr. Bell respecting that operation; *2dly*, Whether you gave me, at that time, any advice or directions with regard to the conduct of it; and, *3dly*, Whether you have since, either as a private friend or as a Manager of the Infirmary, given me the slightest hint, that it would be prudent for myself, or in any degree advantageous to the reputation of the public Hospital, that I should desist from operating in the manner I had recommended in the "Proposal," and which I followed on the 5th of July 1808.

I am,

SIR,

Your obedient Servant,

JOHN THOMSON.

*Brown's Square,*

*7th July, 1810.*

*To John Thomson, Esq.*

SIR,

I had only the honour of receiving your letter yesterday afternoon, upon my return to town.

Upon looking over Mr. J. Bell's late publication, I certainly recollected having had an accidental conversation with that gentleman relative to the operation to which you allude,—and think I may have expressed regret and dissatisfaction at its failure.

In answer to your second query,—I did not, to the best of my recollection, give you “any advice” or directions with regard to the conduct of that “operation;” and I am certain, that I have had no communication with you in any “quality,” upon the subject of your third query.

I am,

SIR,

Your obedient Servant,

GEORGE WOOD.

*Edinburgh, July 13, 1810.*

*To Gilbert Innes, Esq. of Stow,  
One of the Managers of the Royal Infirmary.*

SIR,

I have taken the liberty to inclose you a letter, which I hope you will have the goodness to present for me to the Managers of the Royal Infirmary. My friend Mr. Andrew Wood, is, for a reason which is very afflicting to me, ignorant not only of its contents, but of its existence. The knowledge I have, of the deep interest which you take in whatever concerns the character of the Royal Infirmary, and the comforts of the sick poor

in that Institution, has made me presume to give you in particular this trouble. I am,

SIR,

With great respect,

Your obedient Servant,

10th July, 1810.

JOHN THOMSON.

*To the Honourable the Managers of the Royal  
Infirmery.*

(Inclosed to Mr. Innes.)

GENTLEMEN,

Understanding from several of my friends, that a most foul and atrocious attack has been made upon my professional character by Mr. John Bell, in one of his late publications against the management of the Surgical department of your Infirmery, and that Mr. Bell has had the audaciousness to state to the Public, that his account of an operation, performed there by me on the 5th of July 1808, has been sanctioned by a Manager of the Royal Infirmery, I have to request, that, in justice to me, you will have the goodness to inquire into the truth of a statement, affecting so materially the honour of one of your own body, and my professional character and interests as a teacher of Surgery.

I am,

GENTLEMEN,

Your most obedient Servant,

JOHN THOMSON.

10th July, 1810.



*To John Thomson, Esq.*

SIR,

I am favoured with your letter of this date, which, with its inclosure, shall be laid before the Managers of the Royal Infirmary, at their meeting on Friday next. From what you mention of Mr. Andrew Wood, I presume it is not your wish, that I should take any notice of your letter to that gentleman, previous to the meeting of Managers.

I have the honour to be,

SIR,

Your most obedient Servant,

GILBERT INNES.

*Edinburgh, 10th July, 1810.*

*To Gilbert Innes, Esq. of Stow.*

SIR,

I have inclosed you, for the information of the Managers of the Royal Infirmary, the case of Robert Walker, copied from the Journals, my account of that case, and some documents respecting it, which it is my intention to lay before the public, as soon as I am honoured with a communication from the Managers of the Royal



Infirmary, in reply to the letter which you have had the goodness to take charge of.

I am,

SIR,

With great respect,

Your most obedient servant,

JOHN THOMSON.

12th July, 1810.

*To John Thomson, Esq. Brown's Square.*

SIR,

The Managers of the Royal Infirmary have received both your letters transmitted to them through Mr. Innes, and I am desired by the Managers to inform you, that, as nothing appears in their books, nor was any report ever made to them, on the subject to which you allude, they can make you no other answer, than that they can take no concern in the business.

I am,

SIR,

Your most obedient Servant,

ALEX. BOSWELL, W. S. Clerk.

22, N. Castle Street, Edin.

13th July, 1810.

*To the Surgeons of the Royal Infirmary.*

GENTLEMEN,

I received your letter of the 12th current; and in consequence of a communication which has since been made to me, I have still to request, that you will be so good as to inform me, whether you had any reason to disapprove of the manner in which I conducted myself, in any part of the operation performed upon Robert Walker, on the 5th of July 1808, and whether it be your opinion, that, under all the known and acknowledged circumstances of the case, the patient had any reason to regret his having fallen that day into my hands.

Your answer to these queries, either severally or conjunctly, as shall best suit your professional engagements, will very much oblige,

GENTLEMEN,

Your obedient Servant,

JOHN THOMSON.

*Brown's Square,*

*14th July, 1810.*

*To Dr. John Thomson.*

DEAR SIR,

I have to acknowledge the receipt of a letter from you, dated 14th current, addressed to the Surgeons of the Royal Infirmary, and a request that I, as one of them, would declare whether

I disapproved of your conduct in the circumstances that occurred in the operation of Lithotomy, performed on Robert Walker, and whether I think the patient had cause to regret his having fallen into your hands.

I am led to suppose, that this declaration is requested in consequence of some unfavourable observations, which I understand have been made on that case, in a publication which likewise contains animadversions on the Surgical practice of the Royal Infirmary.

As I have the honour to be one of the Surgeons of that Institution, I feel myself in circumstances somewhat delicate, in being called upon to make the above mentioned declaration, lest in stating my real sentiments respecting your conduct, I may seem disposed to take notice of reprehensions, which I have hitherto disregarded, and shall continue to disregard.

Nevertheless, since you do me so much honour as to deem my testimony of some importance, I have no hesitation in expressing my approbation of your conduct in the case alluded to.

As I am totally unacquainted with the charges of misconduct, that may have been imputed to you, I cannot know to what particular part of your procedure they refer: If the charge is general and indeterminate, a general approval on my part might be all that is required. But I would wish to point out the grounds on which my approbation rests, and on this account beg leave to state, that my situation as your immediate assistant, during

the operation, and the actual share I had in it, afforded me an opportunity of understanding more of the circumstances of the case, than could be learned by your other Colleagues, or by the bystanders.

I have great pleasure in being able to declare, that in my apprehension, the operation was performed with deliberation, caution, and ability. An opening into the bladder was expeditiously made, and the forceps cautiously introduced; the search for the stone was diligent, and tender, though ineffectual; the stone was not discovered, and the patient was put to bed.

This part of your procedure met with my warmest approbation. It was acting according to a rule of practice, which had been repeatedly a subject of conversation between you and me, long before this operation took place, and which we both had determined to follow, in all cases of stone circumstanced as this was. I mention this matter, in order to show what my conviction is with respect to this part of your procedure. The patient was not put to bed because the stone could not have been then extracted, but because its extraction could not at that time have been accomplished, without risking a material injury of the bladder, and exhausting the patient's strength and endurance, and thus exposing him to a much greater danger, than could possibly arise from allowing the stone to remain. From this view of the matter, I think, I am warranted in declaring the patient had no cause to regret his having been put into your hands, but, on



the contrary, has every reason to be well pleased that he was not in the hands of an operator, who might have thought it necessary to persevere in his attempts to extract the stone, till he had accomplished his object. In acting in this manner, give me leave to say, I think you acted the part, not only of a good Surgeon, but of an honest man, not hesitating to risk professional reputation to your patient's welfare.

What the obstacles were, which prevented the detection of the stone, I am unable to state; but it appears to me, that these obstacles did not depend on any circumstance, which it was within the compass of a Surgeon's power to foresee or provide against. The opening made into the bladder was sufficiently large, a fact which I was enabled to ascertain from actual examination; the difficulty of finding the stone could not therefore be attributed to any error of yours, in not making the incisions by which the bladder was opened of the necessary extent.

While I state this circumstance, I beg leave, at the same time, to observe, that in so doing, I would not be supposed to be understood as giving a preference to the instruments you employ in the operation of Lithotomy, over others in more common use. In your hands, however, I must declare, that they were so employed as fully to effect the purpose designed to be effected by them, with perfect safety to the patient.

After ten years intimate professional acquaintance, in a situation that afforded daily opportuni-



ties of observing your talents and acquirements, I embrace this occasion of offering my testimony to the zeal and success with which you study, practise, and teach the art you profess; a testimony which, in other circumstances, it might have been deemed indelicate in me to give, or you to receive.

I am,

DEAR SIR,

Your most obedient Servant,

WILLIAM BROWN.

*Edinburgh, 32, Hanover Street,*

*16th July, 1810.*

*To Dr. John Thomson.*

DEAR SIR,

I thought my answer to your former queries concerning the case of Robert Walker, quite sufficient for the purpose of repelling all illiberal censures; and, after the elapse of two years, I cannot pretend to recollect the particulars so circumstantially, as to feel myself entitled to enter into the minutiae of detail. I was not in a situation to judge of the particular circumstances which impeded the extraction of the stone from Walker's bladder. But every person connected with the practice of surgery knows, that many unforeseen and unavoidable difficulties occur in performing the operation of Lithotomy, which necessarily occasion embarrassment and delay. And,

according to the best of my knowledge and recollection, the delay in this case did not proceed from any defect of execution on your part; and Walker has no reason, that I know of, to regret having put himself under your care. He could not, with justice, complain of your determination to defer the extraction of the stone till a more favourable opportunity, since your forbearance on that occasion probably saved him from the danger of the very serious consequences, which might have been expected to attend the temerity of persisting in the attempt with injudicious and unreasonable perseverance.

I am,

DEAR SIR,

Your obedient Servant,

JAMES RUSSEL.

*St. Andrew's Square,  
16th July, 1810.*

*To Dr. John Thomson.*

MY DEAR SIR,

In reply to the request contained in your letter of the 14th, to the Surgeons of the Royal Infirmary, I have no hesitation in saying, without pledging myself to any opinion with regard to the particular method of operating, contained in your "Proposal, &c." that, having determined on operating in this manner, you performed every part of the operation on Robert Walker, of which I, as a spectator, could judge, with

steadiness, deliberation, and humanity. The external incisions were well and speedily executed; the extent of the incision of the neck of the bladder, I could not judge of, as I did not examine the wound; neither was I aware of the cause of the difficulty in laying hold of the stone: But I am satisfied, from the cautious and careful manner in which you introduced, and handled the forceps, very little violence was done to the bladder; and I think myself freely justified, by the event of the case, in believing, that so far from having cause to regret, your patient may consider himself fortunate, that he fell into the hands of one, who did not permit himself to be influenced by any consideration connected with his own reputation, when the safety of his patient was concerned. The records of the Hospital show, that your patient recovered, without the occurrence of one unfavourable symptom; and I understand he is still alive, and in good health, at no great distance from Edinburgh.

I am,

MY DEAR SIR,

Very truly Your's,

GEORGE BELL.

31, *St. Andrew's-Square*,  
July 17, 1810.

*To Dr. John Thomson.*

MY DEAR SIR,

In answer to your letter of the 14th current, I beg leave to state, that I had no reason

to disapprove of the manner in which you conducted yourself in any part of the operation, which you performed on Robert Walker, on the 5th of July 1808 : On the contrary, all the steps of the operation seemed to me to be executed with perfect precision and coolness. The incision into the bladder was accomplished with promptness and facility ; and, in my opinion, you are entitled to no small credit for your judgment and humanity, in having, in the circumstances which you have so fully detailed in your history of the case, put the patient to bed, and delayed for some days the further search for the stone. To this judicious practice, as well as to the caution which you seemed to observe, in the use of those instruments which it was necessary to introduce into the bladder, I cannot help thinking that the patient's complete recovery is in a great measure to be attributed.

Under these circumstances, I do not think that Robert Walker could have any possible cause to regret his having fallen that day into your hands.

I am,

MY DEAR SIR,

Yours most sincerely,

WILLIAM NEWBIGGING.

*South St. David's Street,*

*17th July, 1810.*



*To Dr. John Thomson.*

MY DEAR SIR,

In answer to the letter, which you addressed on the 14th current, to the Surgeons of the Royal Infirmary, I have no hesitation, as one of the number, to declare; that in the manner in which you performed the operation on Robert Walker, on the 5th of July 1808, I saw nothing of which I did not perfectly approve; and so far from having any reason to regret that he had come under your care, your patient, in my opinion, had much cause to congratulate himself on having fallen into the hands of one, who, in circumstances so embarrassing, conducted himself not only with much practical skill, but with exemplary humanity and caution. In point of fact, indeed, I know, that Robert Walker returned to his family, impressed with a grateful sense of your kindness, sympathy, and attention.

In giving you this testimony, I must still be permitted to add, that I think it unnecessary; and that I wish you had continued to disregard those unfounded reports, by which, in the opinion of all who know you, your professional character is far too well established, to be at all injured.

I am,

MY DEAR SIR,

Yours most sincerely,

P. ERSKINE.

*Nicholson Street,  
17th July, 1810.*



## CASE III.

JAMES RATTRAY, AGED 5.

*Royal Infirmary, July 28th, 1808.*

“THERE is a general swelling of the abdomen, accompanied with occasional pretty severe pain in making water, especially in the extremity of the penis. The urine comes generally away by drops, seldom in a full stream. Seems sluggish and inactive; eyes dull and heavy. P. 120. Occasionally voids worms, picks his nose, and starts during sleep. On introducing a sound into the bladder, a stone can be distinctly felt.

Three years ago, this complaint began with the symptoms as above mentioned. Has used many remedies, of the nature of which his mother knows nothing.

— 29th. R. Sem. Santon.  $\mathfrak{z}$ i. Syrupi Com.  $\mathfrak{z}$ ss. M. Cap. h. s.

— 31st. R. Pulv. Jalap. gr. xii. Calom. gr. iii. M. C. h. s.

August 1st. Has voided two worms, (lumbrici) since the exhibition of the worm powder.

Contin. Medicam.

— 2d. Has voided another worm since the visit of yesterday.

Contin. Omnia.

— 5th. Repet. h. s. Pulv. ex Semen. Sant.

— 6th. Cap. stat. Pulv. Jalap. C. 3ss. Calomel. gr. iii. Mane Injiciat. Enema Domest.

— 7th. In consultation, it was determined upon to remove the stone by operation. The operation was performed with a common staff, and the membranous part of the urethra being opened, a broad scalpel was carried forwards, with its edge downwards and outwards, so as to open the neck of the bladder; and a stone about the size and shape of a pigeon's egg, weighing 5vii. and x gr. was taken out, slightly rough on the surface.

H. 8va. P. M. P. 154. Skin hot. Let him be put into the warm bath. Habeat Mist. Salin. Diaph.

— 8th. A good night. Urine has come chiefly by the wound, but partly also by the penis. Abdomen soft and free from pain. P. about 120. Skin moist. Let him be bathed again.

*Evening.* Continues as in the above report.

— 9th. Seven A. M. Has passed a restless night. Skin hot. P. 160. Complains of pain in his head, and slight pain in his abdomen. Had

a powder yesterday of Pulv. Jalap. C. 5ss. Calomel. gr. iii.

Stat. Fiat Venæsect. ad 3viii.

Apply twelve leeches to the belly, and the bleeding having ceased, let him be again bathed.

H. 12 A. M. Blood drawn has a buffy coat. P. about 136. Skin moist. Has slept a good deal since morning.

Habeat P. Jalap. C. 3ss.

H. 10ma. P. M. Hab. Calomel. gr. iii.

— 10th. Continued to sleep through the greater part of yesterday and last night. P. 136. Skin moist. Belly free from pain and tension. Has had repeated stools from the physic.

Cont. Omnia.

— 11th. A good night. P. about 130. And of moderate strength. Says, he is free from pain. Warm bath.

— 12th. A good night. P. 140. Belly costive.

R. P. Jalap. C. 5ss. Calomel. gr. iii. M. Capt. Stat.

— 13th. Continues as yesterday.

— 14th. Continues easy in every respect. Has had two stools, and has voided another large lumbricus.

Repet. P. Sem. Sant. ʒi. ex Syrup. Simpl. 3ss.

—— 15th. Another worm passed this morning.  
Cap. h. s. Pulv. ex Calomel. gr. iii. Sacchari gr. v.

—— 20th. Urine comes chiefly by the penis.  
Repet. P. Vermifug.

—— 23d. H. S. Cap. P. Jalap. gr. x. Calomel.  
gr. ii.

—— 26th. A little pudding every day.

—— 29th. DISMISSED CURED.”

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THIS case affords another example of the co-existence of worms in the intestines, with stone in the bladder of a young person. With regard to the operation itself, I have only to remark, that it was performed according to the second method practised by Cheselden. I cannot help thinking, that when the concavity of the staff upon which the knife is conducted into the bladder, is pressed up, as it was in this operation, close to the arch of the pubis, the danger of wounding the rectum, by this method of operating, is much less than has usually been imagined. It is, I conceive, by keeping the straight staff close to the pubis, in a fixed and determinate situation, that the surgeons of Dublin have for some years employed, with so much safety and success, the Gorget recommended by Mr. Peile.



## CASE IV.

JOHN ORPHAT, AGED 46.

*Royal Infirmary, Sept. 9, 1808.*

“COMPLAINS of pain and difficulty in throwing out the last drops of urine, which till that time flows pretty freely, though not in a full stream. The pain is felt in a place corresponding to the situation of the neck of the bladder. It is pretty severe, as if burning; continuing for a quarter of an hour after every evacuation of the bladder. He has numerous calls to empty the bladder, which he says, is performed with the greatest ease in an erect posture, though not unfrequently he is obliged to get down on his knees. Occasional pretty severe pain at the point of the penis, with uneasiness in the right loin and belly, and a particular feeling like creeping in the right groin. Urine is very thick, and deposits a pretty copious white sediment. Says, four years ago, he was first seized with pain in the right loin and belly, which continued for eight hours. For this, bleeding and the warm bath were prescribed; by which treatment he soon got better, but ever since has had difficulty in making water, to a greater or less extent; and once, about two years ago, had a complete reten-



tion of urine, from what he thinks was the entrance of a small body into the beginning of the urethra. From this he was relieved by the use of the catheter, and has never since had any complete obstruction to the passage of his urine.

About 14 months ago, after a pretty severe pain in the right loin, fever, and general uneasiness for three weeks, he passed a great many stones about the size of small shot.

Examined by the Surgeons, with the sound; a stone can be distinctly felt and heard. Has used alkaline aerated water for about eight weeks; its effects have not been well marked. Regular in bowels, and health tolerable.

— 11th. Pain of loins, extending down the thighs, though not very severe.

— 16th. Had a doze of salts last night, and a common injection this morning. In consultation, the propriety of the operation was determined on; and as he was anxious about it, it was done to-day by Dr. Thomson. The outward incision was made in the usual manner; and a small artery was secured. The internal incision was performed with a large scalpel on the curved grooved staff, with its edge downwards and outwards; and twenty-six small, round, yellow-coloured, smooth stones were taken out with a scoop, some, or most of which, were attached to the bladder on the inner side of the symphysis pubis. He bore the

operation well, and lost a very great quantity of blood, seemingly from the hæmorrhoidal vessels.

— 17th. Has passed a tolerably good night. Belly free from pain. P. 115. Skin warm and rather moist. T. parched. Water comes away partly by the wound, and partly by the urethra.

Cap. Stat. Pulv. Jalap. Co. ʒii.

R. Mist. Salin. Antim. ʒvi. Cujus Cap. ʒi.

3tia. q. q. hor.

— 18th. A good night. P. 98. Skin moist. Belly continues free from pain. Physic has not yet operated.

Habt. Stat. Pulv. Jalap. C. ʒss.

— 19th. An easy night. P. about 94. Physic had operated slightly.

— 20th. Slept ill during the first part of the night. He complained of confusion of his head. P. 94. Skin moist. Belly continues free from pain. Physic has operated very slightly.

Stat. Injic. Enema Domest.

Hor. 6ta. Cap. Ol. Ricin. ʒss.

— 21st. Has had one good stool since taking the Castor oil. Continues free from pain. Pulse about 86.

— 22d. H. S. Ol. Ricin. ʒss.

— 23d. Two good soft pears daily.

— 25th. Repet. Ol. Ricin.  $\text{℥ss}$ . h. s. Let him have a little rice pudding daily.

— 27th. A little table broth daily.

— 28th. Belly costive.

Stat. Injic. Enem. Domest.

H. S. Ol. Ricin.  $\text{℥ss}$ . Hab. Vin. Rubr.  $\text{℥viii}$ .

— 29th. Hab. Vini Rubri  $\text{℥x}$ . indie. H. S. Enem. Domest.

— 30th. Injection was repeated this morning. One copious stool. Urine comes wholly by the wound.

— October 1st. A bit of steak to day, and a bottle of porter.

— 2d. Repeat his steak. H. S. Hab. Elect. Lenet.  $\text{℥ii}$ . Warm Dressings to the wound.

— 5th. Water has begun again to come partly by the urethra.

H. S. Bol. Jalap. Comp.

— 6th. Let him be put into the warm bath to-night.

— 7th. Along the outer edge of the wound there is considerable hardness, attended with very severe pain, but without tending to elevation in any par-

ticular part. The water comes almost entirely by the penis.

— 10<sup>th</sup>. Wound to day has a very unhealthy aspect. The lips are thickened, and the skin around it has a dark red colour. The discharge has a very foetid smell, and it is accompanied with a prickling pain. P. 110. Tongue continues foul. Warm bath to-night at seven.

Habeat Stat. Haust. c. Tinct. Opii, Gtt. xx.

R. Tinct. Opii, Gtt. xx. Vini Antim, Gtt. xx.  
ft. Haust. quem Capt. h. s. et Repet. Cras  
Mane.

R. Boratis Sodæ,  $\text{ʒss}$ . Syrup. Ros.  $\text{ʒiii}$ . Aquæ  
 $\text{ʒv}$ . M. Sig. Gargle.

Cont. Vin. &c. et h. s. Capt. Ol. Ricin.  $\text{ʒss}$ .

— 11<sup>th</sup>. Had an enema this morning, which produced a copious stool. P. to-day only 90. Wound continues as at yesterday's visit.

Cont. Haust. Vin. Tart. Antim. Gtt. x. c.  
Continue the poultice, and let him again use the warm bath. Omit. Mist. Diaph. Salin.

— 12<sup>th</sup>. Warm Dressings.

— 13. Omit. Vin. Rub. Let him have a pound of Brandy Toddy daily.

H. S. Ol. Ricin.  $\text{ʒss}$ . Warm bath to night.

— 14<sup>th</sup>. Omit the Brandy Toddy.

Hab. Vin. Domest.  $\text{ʒvi}$ . et Vin. Rub.  $\text{ʒvi}$ . in die.



—— 15th. Water has come again chiefly by the wound. The wound has however a more healthy aspect.

H. S. Hab. Elect. Lax.  $\frac{3}{4}$ ss.

Balneum. Tepidum.

—— 17th. Warm bath every second night.

—— 20th. To have a few stewed apples daily.

H. S. Hab. Ol. Ricin.  $\frac{3}{4}$ ss.

—— 25th. Desires that his wine be omitted, and that, in its stead, he may have porter. Wound looking well. Urine comes almost entirely by the natural passage.

—— 27th. DISMISSED CURED."

There was a peculiarity, in the situation of the greater part of the stones, in the bladder of this patient, to which, I have not been able to find any thing similar, in the writings of practical authors. By a slight inaccuracy of the Clerk's, probably arising from the inaccurate manner in which I had expressed myself to him, it is stated in the case, that the stones were "attached to the bladder on the inner side of the symphysis pubis." They were not attached, in the strict meaning of that term, but they were inclosed in sacs



or folds, and kept suspended in these sacs or folds on the *fore part* of the bladder. Two stones having come away in the first attempt to extract with the forceps, I laid that instrument aside, and took out the remaining twenty four stones with the scoop. Previous to the introduction of the scoop, and to my being able to lay hold of a stone, I had to turn the fore part of my finger towards the anterior parietes of the abdomen, and to disengage the stone from the situation in which it was lodged. The stones fell, sometimes one, sometimes two, or even more, from the sacs or folds, into the general cavity of the bladder; and as this was small, and most of the stones of the size of a hazel nut, they were readily felt by the finger, and fixed by it in the scoop.

It might have happened, that some of the stones in this case should have escaped from my examination, but none came away during the cure; and as the patient was completely relieved by the operation, and has ever since remained free from the symptoms of stone, it may reasonably be presumed that none were left in the bladder.

Some surgical Authors, whose opportunities of observation do not seem to have been very extensive, at the time even when they had composed large Treatises on Surgery, and who, as usually happens, are, upon most professional subjects, confident in proportion to their want of knowledge, deny, or pretend to deny, altogether, the occurrence of sacs or folds in the cavity of the human bladder. But to pretend to deny the existence of a

fact, which has been so often observed and recorded by Anatomists and Surgeons, and of the truth of which, the most incredulous may convince himself, by the inspection of almost every collection of morbid anatomical preparations, must proceed, I conceive, either from a very culpable degree of ignorance indeed, or from a much worse principle. For the sake of the reader, but slightly conversant in subjects of this nature, into whose hands these pages may fall, I shall quote a passage, from a paper, inserted into the Philosophical Transactions of London, for the year 1808, by Everard Home, Esq. a Surgeon, who has enjoyed, and who has known how to avail himself of, the most extensive practical opportunities in his profession, and one to whose instructions as a teacher, and to whose writings as an author, I am, among many others, indebted for much valuable information.—“ In several cases, in which I have examined the body after death, calculi have been found inclosed in cysts, formed between the fasciculi of the muscular coat of the bladder, so as to be entirely excluded from the general cavity, and therefore had not produced any of the common symptoms of stone. I have seen in the same bladder, two, three, and even four such cysts, each containing a calculus of the size of a walnut \*.”

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\* The following case of Calculus and Cystocele, was printed and circulated in Edinburgh, in the year 1785, with what the

During the recovery of Mr. Orphat, he was attacked, about the fourteenth or fifteenth day after the operation, by a disease, which in its progress, appeared to me, to be that now well known, under

Operator, (the late Dr. John Aitken, Lecturer on Anatomy,) must have considered as an appropriate motto:

Speak of me as I am—Nothing extenuate—

Nor set down aught in malice.—SHAKESPEARE.

*Case of John Paxton, above sixty years old, admitted into the Royal Infirmary on March 25, 1785.*

“ HE is constantly affected with pain and itchiness in the glans penis, particularly aggravated when discharging his urine; to do which he has a frequent inclination.

It is never passed in large quantities at a time, and six months ago, was often observed bloody; and he sometimes has noticed the blood in a coagulated form. Since that period, however, it has been natural in colour and smell.

For a fortnight he says a cough has attacked him, and been particularly severe in the night. During that space, he has been troubled with looseness and piles: He attributes them partly to cold; but the last complaint more especially to stress in voiding urine and fæces.

The urine is sometimes evacuated in drops, and the penis painfully inflated.

Pulse 80,—skin cool,—appetite impaired,—sleeps generally ill.

Four years ago passed a calculous concretion, twice the size of a common pea; and the above symptoms to a greater or less degree have been present since.

During all the former part of his life was healthy, and had no other complaint, except ague.

Upon sounding, a stone is felt, and the concave part of the instrument is heard to strike upon it. The finger, pushed high in the rectum, does not perceive the stone.



the name of *Hospital Gangrene*. This is a disease, however, which does not appear to be exclusively confined to Hospitals; for in two instances, at least, in which the disease has been observed in.

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He has an easily reducible hernia on each side of the pubis.

— 26th. — R. Mucilag. G. Arab. Un. vi.

L. L. Gut. lx m. Capt. Urgente Tussi.

R. Infus. Tamarind. Un. viii. Capt. m. Abradantur Pili Perinæi.

— 27th. Dr. Aitken, in compliance with the result of a consultation, performed the lateral operation for the stone.

As no stone was felt when the forceps were introduced into the bladder, a doubt arose about its being penetrated by the gorgeret.

Several surgeons examined, but could not find the stone.

A considerable loss of blood took place from a small vessel on the left side of the wound, which had been opened by the gorgeret.

As the patient seemed to be a good deal exhausted, it was thought proper to discontinue the operation for the present.

— 28th. Pulse soft, about 84 in the minute—had considerable pain through the night, which is now abated—urine flowed through the wound—had a stool yesterday afternoon—took a draught in the evening, and slept about two hours during the night.

— 29th. About four o'clock appeared very restless and uneasy, and continued so without any particular complaint until about five o'clock, when he died.

— 30th. Dr. Aitken dissected the body in presence of several gentlemen.——In making an incision from the os pubis to the umbilicus, pus was found in the cellular substance——a cut was made in the fundus of the bladder, and, upon introducing a finger

the Infirmary of this place, it could be traced, in its origin, to patients who were brought in, affected with it, from different parts of the city. Of one thing I am certain, that Hospital Gangrene has

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through this, a stone was found *lodged in a cyst of the bladder, (cystocoele,) just at the ring of the external oblique in the mouth of the herniary sac, on the right side.*—The stone was of an oblong shape, with a protuberance on the middle of one side, and something inferior in size to a hen's egg.—Mr. Russel, Dr. Aitken's assistant in the operation and dissection, introduced his finger at the above mentioned incision, and *through the wound (which was of the ordinary size) made with the gorget, so as to meet the Doctor's finger, introduced into the wound in the perineum.*

The bladder was found diseased, its coats very much thickened, and several cysts in its internal surface.

*Extracted from the Infirmary Journal, by*

JOHN COPLAND, *Dep. Surg. Cl."*

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I COULD multiply examples of sacculated bladders without number, but shall content myself with adding only one more ; a case which is justly celebrated in the history of those medicines, which have at different times been recommended, as solvents for the stone.

*From the Transactions of the Royal Society, No. 462.—A Letter from Edward Nourse, F. R. S. Surgeon to St. Bartholomew's Hospital, to the President and Fellows of the Royal Society, giving an account of several stones found in bags, formed by a protrusion of the coats of the bladder, as appeared upon opening the body of one Mr. Gardiner. Read, January 7th, 1741-2.*

“ PERMIT me to lay before you the bladder of Mr. Gardiner, who was, the 5th of March 1739, before the trustees appointed by the Parliament to enquire into the Efficacy of Mrs. Stephen's



been less frequent in its occurrence, and less injurious in its consequences, during the last, than it was during the first ten years of my attendance, in the Surgical wards of the Royal Infirmary of Edinburgh.

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medicines, produced as an instance, where they had been effectual in dissolving the stone in the bladder.

Mr. Gardiner was searched by me on Saturday the 30th of December 1738. I felt a stone the moment my instrument was introduced; which was likewise felt by Mr. Wall, his Apothecary, then present.

The Tuesday following, he began to take Mrs. Stephen's medicines, and continued them eight months.

On the 30th of November 1739, I saw him at Child's Coffee-House, when he told me he was quite free from his usual disorders: I there search'd him again in the presence of several Physicians and Surgeons, who likewise felt for the stone, but none could be found.

Mr. Gardiner dying on Saturday the 2d of January 1741-2, the next morning, in the presence of Mr. Sainthill and Mr. Wall, I opened his bladder, and therein observed six preternatural apertures of different sizes, the biggest capable of admitting the top of my finger. Each of these openings led to a separate bag, formed by an enlargement of the internal membrane of the bladder, protruded between the fibres of its muscular coat.

These bags are to be seen on the back part of the bladder, a little above the *vesiculæ seminales*; and when viewed on the outside, seem to be but two; though they are in number equal to the openings within, already mentioned; and divided from one another by the duplicature of the internal membrane, which forms a *septum* between each of them.

In these *sacculi* or bags are contained nine stones; the largest about the size of a small nutmeg; and with what facility some of them moved out of, and returned into the *sacculi*, the following circumstance will clearly evince.

The fistulous opening in the perinæum, which I had every reason to believe, was occasioned by the attack of gangrene, closed up gradually after Mr. Orphat left the Infirmary ; and I had the satisfaction of seeing him, in good health and spirits, towards the end of last April.

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When I had opened the abdomen, Mr. Sainthill handling the bladder, brought two of these stones up to its *fundus*, where they were felt by Mr. Wall and myself. We then examined the kidneys ; the right contained a little matter, otherwise it was as it should be ; but of the left, two thirds were wasted ; its *pelvis* was contracted in proportion, and the *ureter* almost impervious. Upon rehandling the bladder, neither of us could find any stone : I therefore laid it open, and we found them all in the *sacculi*. The stones that are in one of these *sacculi* have been so much enlarged since their lodgment, that without force and laceration they cannot be got out.

I am,

GENTLEMEN,

Your most obedient, and

most humble Servant,

EDw. NOURSE."

## CASE V

ROBERT SUTHERLAND, AGED 4.

*Royal Infirmary, May 27, 1808.*

“ WAS in the Hospital about nine months ago, from some urinary complaints, at which time a calculus was distinctly ascertained to be in the bladder. He passes his urine very often, and by drops, though it often flows from him without his knowledge. It is accompanied with very severe pain at that time, so much so as to make him cry out, and grasp the root of the penis. By the account of his relations, the testes are drawn up at this moment. Such a paroxysm does not attend at every time of making water, but returns at irregular intervals. Urine, by account, in every respect natural, but occasionally containing small quantities of blood. By account, since birth his water has come away by drops; but about 18 months ago, for the first time, a paroxysm as above described was observed.

This account is received from his grandmother, as he himself is averse to give any account of his feelings. Pulse about 85. Health good. Belly open.

— 27th. R. Calomel. gr. iij. Sacchari. gr. vi.  
 M. C. H. S. Repet. Cras.  
 Quoque Balneum Tepid. H. S.

— 28th. Medicines prescribed, together with the bath, were given. To day Dr. Thomson made the external incision for Lithotomy, in the usual manner, a curved staff being in the bladder. The groove being found, and a straight director introduced along it into the bladder, the first staff was withdrawn, and the neck of the bladder opened by keeping the edge of the knife in a direction *upwards* and slightly *outwards*. The forceps now introduced, after slight dilatation with a bistoury, drew out a small rough stone of a pale brown colour.

— 29th. Slept a great deal in the course of the afternoon of yesterday, and during the night. P. about 120. T. moist. B. free from tension or pain. Let him be put into the warm bath.

R. Calomel. gr. ij. Sach. gr. vj. M. ft. tal. iij.  
 Sig. One every hour till they operate.

— 30th. Became uneasy yesterday after the visit, and seemed to feel pain when pressure was made above the pubis. Had seven leeches applied to this part in the course of the evening, and was put for about 20 minutes into the warm bath, from which he seemed to experience relief. Has had no stools from the Calomel, but one this morning



from an injection of warm water. P. about 140.  
T. white.

Cap. P. Jalap. Co.  $\varnothing$  i. et Repet. Bal. Tepid.

— 31st. Vomited the Jalap. Had a purgative Enema in the course of the evening, during the operation of which, he vomited a considerable quantity of a yellowish bilious fluid. The stool, which was copious, was of a green colour. Slept indifferently during the night. Skin moist. P. rather feeble.

Habeat Sub. Mur. Hyd. gr. iv. ex Sacchari Albi. gr. vi.

R. Syrupi  $\mathfrak{z}$ i. Aq. Cassiæ  $\mathfrak{z}$ ss. Sp. Salin. Arom.  $\mathfrak{z}$ ii. Aquæ Font.  $\mathfrak{z}$ iv. M. Sig.

A large table spoonful every hour.

Hor. 2. P. M. R. Calomel. gr. ii. Sacchari. gr. vi. M.

Cap. St. et Repet. ad. 3m. dos. Om. Horâ.

H. 5a. P. M. No stool.

R. Semin. Coriand. Stat.  $\mathfrak{z}$ i. Aq. lb. i.

Tere Semin. Coque ad  $\mathfrak{z}$ viii. et Injic. stat.

Repet. Sub. Mur. Hyd. gr. ii. Om. hor. ad Alvum Ciendum.

June 1. Nine A. M. Cap. Stat. Pulv. Jalap. Co.  $\mathfrak{z}$ ss.

At the visit. Took 16 grains of Calomel in the course of the afternoon, but without the effect of procuring him a stool. Had a coriander injection last night, and a purgative one this morning, which brought away with them only a small quan-



tity of greenish ~~feculent~~ matter. Took this morning at 8 o'clock, half a dram of the Compound Powder of Jalap, which he still retains. Passed rather an indifferent night; but he has slept a good deal in consequence of an opiate which he got this morning.

Hab. Jus. Bov. p. p. c.

*Evening.* DIED to-day two hours after the visit."

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THIS is the last of five cases, operated on by me for the stone in the Royal Infirmary of Edinburgh, during the year 1808-9. No difficulty occurred in this case, either in finding or in extracting the stone; and I was, from this circumstance, encouraged to flatter myself with a favourable result. I had even ventured to predict it; but the event shows, how much I must have been disappointed. As I was not permitted to open the body after death, a thing which I most earnestly entreated of the child's grandmother, I cannot pretend to say, precisely, upon what the death of this patient depended. The ease which he experienced after the operation, for a period of nearly thirty hours, was as complete as any I had ever seen enjoyed, either by a young or an old subject, who had undergone the operation for the stone. In the report of the 30th of May, I have stated, that he seemed to feel pain when pressure was made above the region of the pubis; but of this I was doubtful, for there

was no tension then, nor afterwards, in the region of the bladder, and the child expressed uneasiness every time he was touched by any person, except his grandmother. Leeches, however, were applied to the belly, as a precautionary measure; but neither I, nor any of my Colleagues, judged it necessary to re-apply them, nor to take any blood from the arm.

I was of opinion, that his illness proceeded from an attack of bilious fever; and the intelligent medical reader will have already perceived, from the medicines prescribed, that I continued of that opinion till the hour of his death. I have also been since, somewhat confirmed in this opinion, by having learned, that a child of the same family, upon whom no operation had been performed, died of an affection precisely similar.

After this statement, I shall only add, that if the death of my patient, in this instance, proceeded from a cause different from what I apprehended it did, the symptoms under which he laboured appeared to me to be very different from those, which I have had an opportunity of observing, in patients who had suffered from inflammation in the region of the bladder, after the extraction of a stone.

## CASE VI.

REV. MR. R.

I HAVE been favoured with the following account of this case, in a letter which I received a few days ago, from my very worthy friend the patient himself. The history of the case affords a good example of strictures in the urethra, produced by the presence of stone in the bladder; and of two diseases, the one of a local, and the other of a constitutional nature, depending upon, and removed by the cure of the strictures. The simplicity, accuracy, and brevity of the account, that is given of the succession of symptoms which occurred in this case, are such as to persuade me, that I should do wrong, were I to attempt to describe these symptoms, in any other words than those, in which the patient has expressed himself.

“ MY DEAR SIR,

10th July, 1810.

“ I had the pleasure to receive yours of the 7th, late last evening; and shall lose as little time as possible, in complying with your request, to the best of my recollection.



“ The first time I had any symptom of my complaint was, I think, in the Summer of 1803. My horse stumbled, and the sudden jerk occasioned by my pulling the bridle, to prevent his coming down altogether, made me feel as if some sharp pointed weapon had been thrust into my abdomen ; and upon alighting about an hour after, I was astonished to observe my urine much mixed with blood. The bloody mixture did not continue above three or four hours at that time, and the pain occasioned by it, of course, went off. But frequently after that period, when I rode ten or twelve miles on a stretch, I found my urine tinged with blood, attended with pain in the urethra ; but walking any distance did not produce that effect, till September 1807, when walking or riding a couple of miles, brought on bloody urine, accompanied with very acute pain in the bladder and urethra, and often much difficulty in discharging my urine. From that time I continued to suffer much pain on making any motion, and often when in a state of total inaction, except when in bed, during the following Winter and Spring. In April 1808, I transmitted a state of my case to Dr. Gregory ; who wrote me, that from the symptoms of my complaint, he suspected I had a stone in my bladder, and that before any thing could be done for me, it would be indispensably necessary to get myself sounded, which was attempted to be done twice in my own house ; but neither of the attempts succeeded. The gentleman who tried to sound me found a stricture in my urethra, which he could not make the in-

strument to pass. On the 15th May, 1808, I had a very severe attack of fever and ague, when one of my testicles swelled to the size of my fist. By the application of Goulard water, the swelling abated; but the testicle was not nearly reduced to its natural size when I went to Edinburgh on the 29th of June. You may perhaps recollect, that on the first day of July, you sounded me in the presence of Drs. Gregory and Gordon, when you fully ascertained I had a stone in my bladder. A few days after you began to introduce the bougie, with a view to remove the strictures which you found in my urethra, and continued to do so every second or third day, for four or five weeks, which gave me partial ease; and, with the assistance of soda water, which you directed me to drink in moderate quantities, I felt myself considerably relieved: And in that state I returned home, on the 29th of August. I carried with me from Edinburgh some dozens of the soda water, and a quantity of the supercarbonate of potash, as a succedaneum to the soda, which I used as you directed; and continued to experience an uneasiness, though not intolerable, till about the middle of November, when I began to be much pained, particularly after a discharge of urine, which was very frequent, and of course in very small quantities, often scarcely an ordinary tea-spoonful. On the 8th December, I had an excessive attack of the stone, attended with fever and ague, and a swelling in the other testicle; and from that date, I was not able to move, without much uneasiness, and consequently



was very seldom without doors, till the 1st of March, 1809, when I set out for Edinburgh, where I arrived on the 3d: And on the 10th of that month, I underwent the operation of Lithotomy.— You may probably recollect, that I had a very severe, I may say a dangerous, return of fever and ague, the night after you performed the operation. On the morning of the 11th, you found me considerably relieved; and from that time, I had no untoward symptom. My recovery was uninterrupted, and at the end of seven weeks after the operation, viz. on the 28th April 1809, I found myself, though weak, in tolerable health, at my own fireside. I continued rather feeble during the Summer months; by the middle of September, my strength was so much restored, that I was able to walk eight or even ten miles in a forenoon, without feeling much fatigued. I sometimes felt uneasy from, what I apprehended to be, the remains of stricture, but that was no impediment to me in walking or riding. My uneasiness, however, increased in December, and for some weeks I was rather alarmed by the very frequent desire I had to make water, the discharge of which was attended with much pain in the urethra, and as I apprehended in the bladder, immediately when the urine began to come off; but I felt instant relief after it was discharged. That uneasy feeling, however, went off in a short time, and, since the middle of last January to this hour, I have enjoyed as good health as at any period these twenty years.

“From this rude sketch, I hope you will be able to collect what may be necessary for your purpose. At nine years of age, I was attacked with Ague, which brought me to the gates of death, and every Spring and Autumn since that time, I have had a return of it; sometimes three or four returns in the course of a year: But since the night of the 10th March, 1809, when I underwent the operation, I have not had the slightest return of it. And I can truly say, I have not been half so long free of Ague these forty-five years. Though at the age of fifty-six, I cannot look for the vigour of thirty, I am at present in very good health, and cannot say, I have any uneasy feeling occasioned by that dangerous complaint, which you was so very instrumental in removing.

I am,

With much regard,

MY DEAR SIR,

Yours most truly,

W. R.”

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The operation was performed in this case, as in the second and fifth cases, according to the manner described in the “Proposal.” I was assisted in it by Dr. Brown, in the presence of Messrs. Erskine, Bell, Wood, and Gordon. The stone was small, and no difficulty occurred in the ex-

traction of it. The opiate was given to the patient after the operation, with the view of alleviating his pain, and of procuring him some rest. He was seized, however, soon after being put to bed, with a cold shivering fit, which in intensity and duration, was the most severe from which I have ever seen a patient recover. It lasted fully more than five hours. During all this time, the countenance of the patient, who is naturally of a pale complexion, and of a very spare habit of body, wore the aspect of death. Warm applications were made to various parts of the body, but brandy toddy, of considerable strength, was the first thing that seemed to put an end to the cold fit. Fortunately for my patient, the hot fit, that succeeded, bore no proportion to the cold. He slept well during the night, and awoke next morning in an easier state, than I had ever seen any patient at this period, who had been cut for the stone.

The alkaline medicines were prescribed in this case, with no very great expectation of benefit. The relief, however, that he experienced, immediately after beginning to use them, was more sudden and more complete, than usually happens, even in those cases in which alkaline medicines ultimately prove beneficial. It was indeed so sudden, as to satisfy me, that it did not proceed from any chemical effect, which these medicines could have produced upon the surface of the stone itself, or even upon the uric and phosphatous deposits that were observable in his urine.



In this case, as in the five preceding, I dilated the internal incision made by the scalpel, with a probe-pointed bistoury, and I used my finger both as a conductor for the bistoury, and as a searcher for the stone, much more freely than has usually been practised in the operation with the gorget. Of the operation which I have recommended in the "Proposal," and which I followed in the second, fifth, and sixth cases, I shall only say; that had I continued to operate upon the living body, I believe, I should have continued to have operated in that manner. I am of opinion, however, that the operation of Lithotomy may be equally well performed by the cautious use of all the cutting instruments, which are at present employed by practical surgeons; but in making a choice, I should still be inclined to prefer a common scalpel, and probe-pointed bistoury, to any more complicated or more ingenious instruments.

In adding to the foregoing cases, the few explanatory remarks, by which they are accompanied, I have put the Public in possession of every thing essential I know of, respecting them. And if this account shall tend, in any degree, to induce the Public to continue to regard the Royal Infirmary of Edinburgh, not only as a humane, but as a useful, because a safe asylum for the sick and diseased poor, my object in publishing it will be fully attained. But should any doubts have been excited with regard to this point, let those who have so freely expressed their disapprobation, of my operations in the Infirmary,

now come forward, and relate, as minutely and faithfully as I have done, the results of *their* practice, in the performance of Lithotomy. That relation will best, perhaps, enable the Public to determine, how far it may safely rely on the statements of those, who, in blaming without reserve the conduct of others, in circumstances of which they were entirely ignorant, seem to have been as little influenced by the spirit of that “charity which thinketh no evil,” as by a conviction of the wisdom of the precept, “Judge not, that ye be not judged.”

FINIS.

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*James Clarke, Printer, Cowgate.*